## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

INTERVAL RETWEEN

YES P NO F

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WASHINGTON c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) . IS RESIDENCE ON A FARM? YES NO Month Year FEBRUARY 26 1958 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Min. 12. CITIZEN OF WHAT COUNTRY?

Address

ONSET AND DEATH 37 PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(County) (Stote)

19-18 that I last saw the deceased \_\_\_, and that death occurred a 341 F. M. fram the causes and an the date stated above. 154 West ADDRESS (Street city a John, state) DATE SIGNED

22d. LOCATION (City, town, or county) (Stote) BROWNSVILLE WASH.CO 246 REGISTRAR'S SIGNATURE

15M 10/57

CERTIFICATE OF DEATH.

LIEU HOUSE Berthaden .



DRAMBOLD

VS A15 (4) 15M 9/55 À

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2471 CERTIFICATE OF DEATH

Reg. Dist. No. 23656

COUNTY	hington		MAR	YLAND	a. STATE							ion)
CITY OR TOWN (IF	outside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1	OWN (If o	utside corpo	prote limits, write 1	URAL or	nd give ne	arest lown	)
Hagers	town		5 weeks		03 Hag	gersto	own					
OR INSTITUTION							r Terr	2000			ON A	FARM?
ECEASED	ROLAND	ST.					OF			9	,	Year 1958
X	6. COLOR OR RACE	7. MAR	RIED A NEVER MARR	ED 🗌	B. DATE OF BIRTI	н	est vi	9. AGE (In years	IF UN		-	
ale	White	WIDOW	ED DIVORCE	ED 🔲	June 12	, 1902	2		Month 7	27	Haurs	Min.
during most of work OCESSOT O ATHER'S NAME	ing life, even if retired)  f Language:	S	Junior Col		Pit	ttsfie MAIDEN N	eld. I	lass.		U.S		COUNTRY
	<u> </u>					I	Helen			SS		
VAS DECEASED EVEL	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	- 0					iress			
	W. W. II			M	rs. Jean	ette I	Barnfa	ather Ha	gers	stown	, Mar	ryland
	TH WAS CAUSED BY:	, (	or (o), (b), and/(c)	- <	Hep	ati	to	1		INT ON	SET AND	DEATH
301,0		(	Prani	0	( in	3 /21	Dex				7	
gave rise to immediate couse (a), stating the under-lying cause last.												
			•	PV	me	_			VEIN IIN I	rAKI I(u)	PERFC YES 2	RMED?
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY (	OCCURRE	ED. (Enter noture o	if injury in l	Part I or Po	rt    of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	Nat while					y or town)		(County	)	(State)
21. I certify th	at hattended the	decea	sed from	m.	1, 19.5	), to	til	7, 1954	_,that	I last s	aw the	deceased
alive on J_e	& Just	195	and tha	t death	h accurred at	,				n the do	Contract of the Contract of th	ed abave
ACTUAL SIGNATURE	THE	20	achely	/	M.D	100	no	Thu	1	10	to	1-9/1
	1.4.13	0	ckle	4				/				
REMOVAL (Specify)		DF ⊏'Ω				2007					(Stat	(e)
			LOGI LEGICE			31.0	1 1 1	JVA	1	VEW I	OI.K	
	CITY OR TOWN (IF RURAL ond give new Hagers.  NAME OF HOSPIT.  OR INSTITUTION  Washingt  AME OF ECEASED  EXX  [ale  USUAL OCCUPATION  during most of work  Of ESSOT  OTHER'S NAME  TYVIN  MAS DECEASED EVER  TO OTHER OF DEA  PART I. DEA  Conditions, if or gave rise to ir couse (a), stating to live on the country of the couse (a).  PART II. OTHER  200. ACCIDENT WAO OR CONTRIBUTING  (IF EITHER, NOTIFY  HOUR OF INJURY HOUR OF INJ	COUNTY  Washington  CITY OR TOWN (If outside corporate limit RURAL and give nearest town)  Hagerstown  NAME OF HOSPITAL (If not in hospital, gor INSTITUTION)  Washington County  IAME OF ECEASED (Year print)  EX  6. COLOR OR RACE  White  USUAL OCCUPATION (Give kind of work of during most of working life, even if refired during most of working life, even if refired to for the county of the cou	COUNTY  Washington  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION  Washington County Hosp:  AME OF FIRST ROLAND  EX 6. COLOR OR RACE 7. MARITUTE  AND WIDOW  USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)  Of ESSOT of Languages  ATHER'S NAME  ITVING J. BARMED FORCES  W. W. II  18. CAUSE OF DEATH (Enter only one cause per limits)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under:  Lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 20d. While Couse (a), stating the under:  LYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. I certify that pattended the deceous alive on 19.  ACTUAL SIGNATURE  PHYSICIAN'S 14.  BURIAL, CREMATION, 22b. DATE THEREOF  EMMOVA! (Specify)  BURIAL, CREMATION, 22b. DATE THEREOF  EMMOVA! (Specify)	COUNTY  Washington  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  NAME OF HOSPITAL (If not in haspital, give street oddress)  NAME OF HOSPITAL (If not in haspital, give street oddress)  Washington County Hospital  MARE OF ECEASED  (You are print)  EX    6. COLOR OR RACE   7. MARRIED   NEVER MARR WIDOWED   DIVORCE  WIDOWED   DIVORCE  WIDOWED   DIVORCE  WIDOWED   DIVORCE  WIDOWED   DIVORCE  WIDOWED   DIVORCE  IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NOTES of data of service)  We We II  18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and for gave rise to immediate CAUSE BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C)  200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING TO DIVORCE (C)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C)  200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING TO DIVORCE (C)  While OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED While ON While OF WARK   OF WARK    19	COUNTY  Washington  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  NAME OF HOSPITAL (If nat in haspital, give street address)  OR INSTITUTION  Washington County Hospital  Middle  ECEASED  ECEASED  ROLAND  EX  6. COLOR OR RACE  ANARRIED  NEVER MARRIED  DIVORCED  USUAL OCCUPATION (Give kind of work dane)  during most of working life, even if retired)  Ofessor of Languages  Junior College  ATHER'S NAME  Trving J. Barnfather  NAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.  MAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.  MAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.  MY W. W. II  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BU  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work o	COUNTY Washington MARYLAND O. STATE  CITY OR TOWN (If outside corporate limits, write RURAL and give nairest lown)  Hagerstown  NAME OF HOSPITAL (If nat in haspital, give street oddress)  Vashington County Hospital  AME OF ROSPITAL (If nat in haspital, give street oddress)  Vashington County Hospital  AME OF ROSPITAL (If nat in haspital, give street oddress)  Vashington County Hospital  AME OF ROSPITAL (If nat in haspital, give street oddress)  Vashington County Hospital  AME OF ROSPITAL (If nat in haspital, give street oddress)  Vashington County Hospital  AME OF ROLAND  EX  C. BARNFATH  C. BARNFATH  C. BARNFATH  Las  BARNFATH  BARNFATH  C. BARNFATH  C. BARNFATH  C. BARNFATH  C. BARNFATH  Las  BARNFATH  C. BARNFATH  Las  C. BARNFATH  C. CITY OR  DIVORCE  DIVORCED  DIVORCED  JUN DE TO  C. BARNFATH  C. BARNFATH  C. BARNFATH  C. BARNFATH  C. CITY OR  C. BARNFATH  C. BARNFATH  C. CITY OR  C. BARNFATH  C. LOR  C. BARNFATH  C. BARNFATH  C. LOR  C. BARNFATH  C. CITY OR  DIVORCED  D. BARNFATH  C. BARNFIED  C. BARNFATH  C. COLOR  C. BARNFATH  C. COLOR  C. BARNFATH  C. COLOR  C. BARNFATH  C. COLOR  C.	COUNTY Washington  CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Hagerstown  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  Washington County Hospital  AME OF ROLAND  First  Middle  Lost  C. STREET ADDRESS  40 Pin Oal  AME OF ROLAND  First  Middle  White  WIDOWED  DIVORCED  June 12, 1900  USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Tofessor of Languages  ATHER'S NAME  ITVING J. Barnfather  WAS DECEASEDEVER IN U. S. ARMED FORCES?  To. et uninown)  W. W. II  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) the starting lost in mediate couse (a), starting lost.  PART I. DEATH WAS CAUSED BY.  (b)  DUE TO  Conditions, if any, which gave rise to immediate CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), starting lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINE (FITHER, NOTHEY MOSIL)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHEY MOSIL)  19	COUNTY Washington  MARYLAND  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Hagerstown Hagerstown  NAME OF HOSFITAL (If not in hospital, give street oddress)  NAME OF HOSFITAL (If not in hospital, give street oddress)  Washington County Hospital  AND GREEASED  ROLAND  ROLAND  ROLAND  ROLAND  C. BARNFATHER  B. DATE OF BIRTH  WIDOWED  DIVORCED  JUNE 12, 1902  USUAL OCCUPATION (Give kind of work dane) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign of during most of working) life, even if retired)  OF CESSOT OF Languages  Junior College  14. MOTHER'S MAIDEN NAME  Trying J. Barnfather  NAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  PART I. DEATH WAS CAUSED BY, MAY WE THEN HOSPITAL (C.). (b.). and July 1978 and directly and the winder of the winder of the worker of the work of the	COUNTY  Washington  CITY OR TOWN (If outside corporate limits, write RIVAL nod give nearest lown)  Hagerstown  Hagerstown  Hagerstown  Hagerstown  Hagerstown  Hagerstown  Hagerstown  Washington County Hospital  County Hospital  Anter OF Pospital (If not in haspital, give street oddress)  OR INSTITUTION  Washington County Hospital  Anter OF Pospital (If not in haspital, give street oddress)  Washington County Hospital  Anter OF Pospital (If not in haspital, give street oddress)  Washington County Hospital  Anter OF Pospital (If not in haspital, give street oddress)  Washington County Hospital  Anter OF Pospital (If not in haspital, give street oddress)  Washington County Hospital  Anter OF Box (If not continued to the pospital of work done of the pospital (If not continued to the pospital of working life, even if edited)  June 12, 1902  USUAL OCCUPATION (Give kind of work done of Union of Business OR INDUSTRY II. BIRTHPLACE (State or foreign country)  Pofessor of Languages  In Mother's Malden Name  In Mothe	COUNTY Washington  MARYLAND  C. CITY OR TOWN! (If entitide corporate limits, write RURAL on give nearest form)  Hagerstown  Hagerstown  Hagerstown  Hagerstown  Name of Hospital, If not in haspital, gives street oddress)  OR INSTITUTION  Washington County Hospital  Middle  C. CITY OR TOWN! (If entitide corporate limits, write RURAL on BY Hagerstown)  J. STREET ADDRESS  LIO PIN QAR TETRACE  ADTE OF BRITH  PART FORTHARY  Month  First  Month  Washington County Hospital  Middle  Least  OR INSTITUTION  ROLAND  First  Month  Washington County Hospital  White  White  White  White  White  White  White  C. CITY OR TOWN! (If entitide corporate limits, write RURAL on County)  Hagerstown  J. Hagerstown  J. Hagerstown  J. STREET ADDRESS  Lop Pin Qak Tetrace  Month  Weath  Forth  Forth  Washington  PART Hospital  PART Forth  Washington  J. ACE (In year)  P. ACE (In year)	COUNTY Washington  MARYLAND  O. STATE  Maryland  D. COUNTY Washington  OTO TOWN (If outside corporate limits, write a clenet for STAT IN 16 b. COUNTY Washington County Hospital  Magerstown  NAME OF HOSPITAL (If not in bapital, give street oddress)  OR INSTITUTION  Washington County Hospital  Magerstown  NAME OF HOSPITAL (If not in bapital, give street oddress)  OR INSTITUTION  Washington County Hospital  Magerstown  Mashington County Hospital  Middle  C. BARNFATHER  OR DATE  Washington County Hospital  May Day  PART LOOK  Washington County Hospital  Month  OR NOTITUTION  Magnitude  PART LOOK  Washington County Hospital  Month  OR DATE  OR ARE (In year)  Iguide birthday)  PART LOOK  Month  OR ACE (In year)  Iguide birthday)  PART LOOK  Month  Month  Month  Month  Month  Month  Month  Part II. BIRTHPACE (State of foreign country)  Month  Mont	COUNTY Washington  CITY OF TOWN (If outside corporate limits, write PURAL and give negrest low REVEAL and give negrest low Hagerstown  Hagerstown  Hagerstown  NAME OF ROSTAL (If not in hospital, give street oddress)  ONAME OF ROSTAL (If not in hospital, give street oddress)

11811.3 BUREAU V. S. EEB 13 1328

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2472 CERTIFICATE OF DEATH

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Rea.	Dist.	N	0.	-30	12

1. F	LACE OF DEATH L. COUNTY Was	hington			MARYL	AND	2. USUAL RE	Maryl		d lived. If insti b. COUN	ITY	shing		ilon)
Ł	CITY OR TOWN (IF	autside corporate limi	ts, write	c. LEN	IGTH OF STAY I	V 16	c. CITY O	R TOWN (If o	utside carpo	rate limits, wri	e RURAL or	nd give ne	arest lawr	n)
	Hagersto			7	days		05	Ha	gerst	own				
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)			1	ADDRESS					e. IS RES	FARM?
		on County	Hosp	ital			1821	Homewo	od Ro	ad			YES [	NO 🔼
3. 1	NAME OF DECEASED Type or print) R	OBERT	st	MC	Middle KEAGE	B.		SR.	4. DATE OF DEATH	Februa	Month	6		Yeor 1958
5. 5	SEX .	6. COLOR OR RACE	7. MAR	RIED 🚰	NEVER MARRIED		DATE OF BI	RTH		9. AGE (In yellost birthdo		the second second		ER 24 HRS.
1	Male	White	WIDOW	/ED 🔲	DIVORCED		May 10	, 1892		65		1 26	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND C	F BUSINESS OR	INDUS	TRY 11. BIRTH	PLACE (State	or foreign c	ountry)	12.	CITIZEN C	OF WHAT	COUNTRY
	Retired Me		'		ilroad		Hol	Lidayst	ourg,	Penna.		U	.S.A.	•
	Trio	C. Barr					100	Jana Br	racken	Mc Kea	200			
15.		IN U. S. ARMED FOR	CES? 16	SOCIAL	SECURITY NO.	17. IN	FORMANT	Dalle Di	achen		Address			
1	nknown	it yes, give war or dates of s	arvirel		12-7522	Mr	s. Dai	sey Bar	rr	Hagers	town,	Mar	yland	à
		TH [Enter only one co		ine for (c									ERVAL BE	DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)(	6	& Jula	while	tu	ngëstiv	e Fair	eure			10/4	ius
	527.1	DUE TO	)	2	il	1	- 1		-	1 ,			-/	
	Conditions, if a		)	Tu	tinenen	1 8	my	eem	+ +	ibrosi	2	4	472	as
	gove rise to in cause (a), stating		)		(	)	, ,							
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY													
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON										ART I(o)	PERFC	RMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DE	SCRIBE H	IOW INJURY OC	CURRED	. (Enter notur	of injury in f	Port I or Par	t II of item 18.	43		7	Xv.)
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	_ N	OCCURRED :			Y IHome, form fice bldg., etc.		or town)		(County)		(Stote)
	21. I certify th	at I attended the	decea	sed fro	m 1- 1	22	, 19.5	Y, to	2-0	19_	55, that	I last s	aw the	decease
	alive on This			-	_, and that									
				,						treet, city or to				ATE SIGNE
	ACTUAL SIGNATURE	10 Tun	ct			^	A.D							
	PHYSICIAN'S NAME (Type)	,												
220	BURIAL, CREMATIO REMOVAL (Specify) Burial	2/8/19F	OF S		NAME OF CEME					TION (City, 10)		* *	(Stot	
23.	Suter - Rou	sich Fünera	l Ho		DDRESS Hagerst			240. REC'	D BY REGIS		EGISTRAR'S		4.0	
	R. Franklin	reizer						DATE						

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IS

VS A15 (4) 15M 9/SS

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

25°9 CERTIFICATE OF DEATH

Reg. Dist. 12458

1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLAN		USUAL RESIDENCE	ylan	_	lived. If institut b, COUNTY		ingt	admission)
RURAL and give i		ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN			1.7 -	RURAL and	give neare	st town)
	ITAL (If not in hospital, g	ive street	1 73 yrs.		d STREET ADDRES		. <u>Le</u>	Md.			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Alfr		Middle Earl		Betts		DATE OF DEATH	Feb.	nth	Doy 18	Year 1958
5. SEX Male	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED		ATE OF BIRTH	1884	,	P. AGE (In years last birthday) 73 yrs.	Months	-	UNDER 24 HRS. Hours Min.
during most of wo Handyma	rking life, even if retired	done 10b.	KIND OF BUSINESS OR IN HOME	DUSTRY	11. BIRTHPLACE (S		20.00		12. CI	USA	WHAT COUNTRY?
13. FATHER'S NAME				1.	. MOTHER'S MAID	DEN NAM	E		- 1		
	Robert E	. E	Betts		L	avin	ia '	Taylor			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	7. INFO			on man Co-y		lress		
No	No		None	Mrs	. Claude	e Cl	ine	Downs	rille	Md.	
200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	the <u>under-</u> DUE TO	) DITIONS <u>(</u>	CONTRIBUTING TO DEATH I						VEN IN PAR		WAS AUTOPSY PERFORMED? (ES NO
20c. FIME OF INJUMENT OF INJUM	hat I attended the	While of wor	k at wark	factory 5	of inJury (Home, street, office bldg.  19 , to curred at 2.	2 :/sp		P/308	,that I		the deceased stated abave.
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATI REMOVAL (Specif	4		22c. NAME OF CEMETER	-				ON (City, town.		rvla	(Stote)
23 JUNEAU OIRECTO	1.60. 22	-58 WZ	Miverview Charles	to	2221	REC'D BY	REGISTE		ISTRAR'S SI		6 I I W

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2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md RFD #2 e. IS RESIDENCE ON A FARMS YES NO Z Day Year Feb. 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Mary Ellen Davis Address Waynesboro Va. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote) \_\_\_,that I last saw the deceased Of from the causes and on the date stated above. DDRESS (Street, city of town, store) DATE SIGNED 22d. LOCATION/(City, town, or county) REMOVAL (Specify) Williamsport Md diverview 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR DATE FEB 2 8

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2475 CERTIFICATE OF DEATH

Reg. Dist. No. 461

1. PLACE OF DEATH o. COUNTY Washing	ten		MARYLAND	2. USUAL RESIDENCE STATE	E (Where decease	ed lived. If institut b. COUNT	shingt	
RURAL and give no	outside corporate limite carest town www.karvl		OF STAY IN 16			orote limits, write		earest town)
	AL (If not in hospitol, gi	ve street oddress)		d. STREET ADDRE	ESS	nathan		e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Firs		Middle nadethia	Lost	4. DATE OF	Mo		Day Year
5. SEX	6. COLOR OR RACE	7. MARRIED T NEV	ER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doys	R IF UNDER 24 HRS. Hours Min.
Female	Celered  ON (Give kind of work d	WIDOWED _		March 13	1881	76 yrs		OF WHAT COUNTRY?
Housewill	king life, even if retired)	Own he	DO	Beave			USA.	OF WHAT COUNTRY
3. FATHER'S NAME				14 MOTHER'S MAI	DEN NAME			
Mi chae				Rebeca	James	3		
	R IN U. S. ARMED FORC		URITY NO. 17. IN	NFORMANT		Ad	dress	
ne		nene	Mr	s. Leila	Bran	ch 406	N. Jona	than St
<u> </u>	the under (c)						VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURRED	). (Enter nature of inju	ry in Part I or Pa	ort II of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea 19	While Not who of work of work	hile foc	CE OF INJURY (Home tary, street, office bldg	o, farm, 20f. (Cit g., etc.)	ly or town)	(County	(Stote)
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S	a shall	Human	<u></u>	M.D. (59W.C	M, fro ADDRESS (	m the couses Street; city or gwn	and on the d	saw the deceoser ote stated obove DATE SIGNED Lich 2/7/
NAME (Type)	N, 22b. DATE THEREO	rshman, M		W. Washing		Hagersto		land
			E OF CEMETERT OF	CKEMATORT	22d. LOC/	THOM (City, lown,	or county)	(Stole)

FEB II 1958

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EEB I3 1828

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the Exhificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funny director. Page 4 should 1 tworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain or your files.

TO FUNERAL STRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Goard of Health, are its designated agent, prior to buriol, cremation, or removal, and in the event within 72 hours after death.

VS. A15ME 5M 2/57 2

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2477

(12463) Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Washington	211	MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington						
	b. CITY OR TOWN (If and give nearest town) Hagerst	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 18		VN (If outside corpo	orote limits, write	RURAL ond give	neorest town)		
	1	nna Avenue	f not in hos	pitol, give street oddress)	d. STREET ADDR		nue		e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	Cha rle		Ellsworth	Byers	4. DATE OF DEATH	Feb.		y Yeor 1958		
5.	Male Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Nov. 21,		P. AGE (In years lost birthday)  Oyrs.	Months Days	Hours Min.		
10	o. USUAL OCCUPATIO during most of working W • M •	N (Give kind of work of life, even if retired) Re Re	ione 10b. K	ailroad	STRY 11. BIRTHPLACE Wash:	(State or foreign coington Co	• Md	-	OF WHAT COUNTRY		
13	John 1	H. Byers			14. MOTHER'S MAIL Minnie	e Mayhugh					
15		R IN U. S. ARMED FOI Ill yes, give war or dates of t	menical .	5-12-2026	Mrs. Mary	Byers -	Address 1845 Pen	na Ave-l	Hagerstown		
	PART I. DEATE	iote couse		for (o), (b), ond (c).] Acute Corona	ry occlusion	n		IN OF	TERVAL BETWEEN VSET AND DEATH		
CERTIFICATION	PART II. OTHI	None		NTRIBUTING TO DEATH BUT				EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO K		
	PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	o. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury i	in Part I or Part II o	f item 18.)				
MEDICAL	Hour o.m.	Month, Doy, Yeo	While		ACE OF INJURY (Home ctory, street, office bldg None	, form, 20f. (City o	or town)	(County)	(Stote)		
		esulted fram: N 8, Pale	laturol o	emains described obsources X. Accident  LILLE C. Ac	M.D. CHIEF MEDIC		, Undeter	Inquiry [ rmined manual	DATE SIGNED		
					DEFOIT MEDI	PUT TYVWILLEK IN					

MARYAND STATE OF ARTMENT OF HEATH HEALTH CORD.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

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VS A15 (4) 15M 10/57 00

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
05	4.0	

2510 CERTIFICATE OF DEATH

() 2464 Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	WASHING-TON MARYLAND	MARYNAND WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ì	HAGERSTOWN RURAL 27 YEARS	X HAGERSTOWN RURAL
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	d. STREET ADDRÉSS  e. IS RESIDENCE ON A FARM?
)	ECKSTINE ROAD	ECKSTINE ROAD YES NOD
	3. NAME OF First Middle	Lost 4, DATE Month Day Year
	(Type or print) TLORENCE	CLARK DEATH TEBRUARY - 6 - 1958
		8. DATE OF BIRTH 9. AGE (In years   F UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORCED	Oct. 3: - 1874 (2 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	CHEDUTERS IN MANY WEST
	13. FATHER'S NAME	13 HEPHERDSTOWN WIVA. U.S.A.
	alana Dianana	04.4.2.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. II	NFORMANT Address
	(Yes, no. or unknown) (If yes, give war or dates of service)	
		ILLIAM + CLARK HAGERSTOVVIV MID. B.3
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:  Report homopours	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneum	onia 3 weeks.
1	491X DUE TO	
ı	Conditions, if ony, which (b)	
	gove rise to immediate couse (a), stating the under-	
1	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	3 Arteriosclerotic Cardiova	ascular Disease.
		D. (Enter nature of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
ı	Hour o. m.    Hour o. m.   While   Not while   for	clory, street, office bldg., etc.)
ı	21. I certify that I attended the deceased from Jan. 20	, 1958, to Feb. 6, 1958 that I last saw the deceased
	glive on Feb. 6 19 58 and that death	occurred at 11:35 MA from the causes and on the date stated abave.
	drive on, and that death	ADDRESS (Street, city or town, state)  DATE SIGNED
	ACTUAL SIGNATURE	119 North Potomac St. 2-8-58
1	SIGNATURE	M.D. III NOI CII TO COMAC DC. 2-0-30
	PHYSICIAN'S R.A.Bell, M.D.	Hagerstown, Maryland.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
	BURIAL FEB. 9. 1958 REST HAVE	EN CEMETERY HAGERSTOWN WASH. CO.M.D.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGISTRAR 246. REGISTRAR'S SIGNATURE
	Bast Jum Gome BooksBORD	Mn pate
- 1	THE PARTY OF THE P	

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2511 **CERTIFICATE OF DEATH** 

02465 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY ASHI	INGTON	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARYT.AND	here deceased live	d. If institution: I b. COUNTY WASHIN		ore admission)
b. CITY OR TOWN RURAL ond give	(If outside corporate timits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate l			earest town)
BOONSE		1 39 YESRS	BOONSBOR	20			
OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	ST PAUL ST.		ST. PAU	IL ST			YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH THE	Month		ay Yeor
S. SEX	JOSEPH	5	CLOPPER	1 1 1	BRUARY	JNDER I YEAR	058 19 CIFUNDER 24 HRS.
MALE	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH			onths Days	Hours Min.
	77 4 4 4 4 4 4 4 4	KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHAT COUNTRY
CLERK	ION (Give kind of work done 10b orking life, even if retired)  HARI	DWARE STORE	KEEDYSVI				
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
FRA	NK CLOPPER		NANCY	FPVF			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	FILL	Address		
(Yes, no. or unknown)	(If yes, give wor or dates of service)	14 09 2426 M	RS RUTH CLO	משפק	ONSBOR		
18. CAUSE OF DE	EATH [Enter only one couse per I			1			ERVAL SETWEEN
	ATH WAS CAUSED BY:	lan.	· Ma	loneis		ON	SET AND DEATH
11001	IMMEDIATE CAUSE (o)	work	eg varion	works			192.
4-0-011	DUE TO						/
Conditions, if	101						
couse (a), stating	ALIE TO						
lying couse lost	(c)						
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CO	NOTION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. O'  PART II. O'  200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Port II of	item 18.)		
ZOc. TIME OF INJU Hour o. m. p. m.	JRY Month, Doy, Year 20d. While	Not while fo	LACE OF INJURY (Home, form actory, street, office bldg., etc		own)	(County	(State)
	that I ottended the decea		19 / 10/	etruary	31948,11	nat I last s	ow the decease
olive on	Marcey 1, 19,	La_,_Vond that deot	occurred ot 7.30K				
ACTUAL -	11/1/1/1/17	11	12	ADDRESS (Street,	city or town, store	e)	DATE SIGNE
SIGNATURE	Co por a		M.D. 190	TUSEV	-0		1-14-2
PHYSICIAN'S NAME (Type)	G. Wihelar	1		Ind			
220. BURIAL, CREMATI		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, or co	ounty)	(Stote)
BURTAL	" FEB.16 1958	BOONSBORO (	CEMETERY BOO	ONSBORO	WASH C	O.MD	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC'	D DY REGISTRAR	24b. ÆGISTRA		RE
(mot 3)	Human Character	(2) MINA CLAS	md- DATE	i PD 1 3 .28	" Ull	Leave	1
	MANY MICHAEL	TO TO WALL TO THE	1/1/			LANCAS	1

BRESHONITA E LENY E MEN MEMBERTATE DISAMBANAN BIN BENEVEL DE ATÉ DE LA CIONA DEL CIONA DEL CIONA DE LA CIONA DEL CION



(Stote)

1. PLACE OF DEATH	

2478

Reg. Dist. No.

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

MAR 6

Tagerstown Marylan

By REGISTRAR 24b. REGISTRAR'S SIGNATURE

	o. COUNTY					2. USUAL RE	IDENCE (W	here deceas			Residence	te before	admissi	ion)
		hington		MAR	YLAND		aryla	and	b. (	COUNTY	ashi	net	on	1
	b. CITY OR TOWN (II RURAL and give no	outside corporate limit orest town)	, write	c. LENGTH OF STA	Y IN 1b	c. CITY O	TOWN (If	autside corp	porote limit	s, write RUR	AL ond g	jive near	st town	)
	Magers	town. Md.		41 vrs		o3 Kag	erste	wn M	arvl	and				
		AL (If not in hospital, gi	ve street o	oddress)		d. STREET	ADDRESS					0.	IS RESI	DENCE FARM?
1		on County	Mos	pital		438	N. J	onat	han	Stree	et		_	NO
	NAME OF DECEASED	Firs		Middl	e	1	ost	4. DATE		Month		Day	Y	feor
	(Type or print)	Jessie		May		Coffe	е	DEAT	Н	Teb		28	1	9.58
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARK	IED 🔲	B. DATE OF BI	TH ·		9. AGE					R 24 HRS.
	Temale	Celered	WIDOWE	D DIVORC	ED 🗌	Oet 3	2 188	89	68	yrs.	Months	Doys	Hours	Min.
10c		N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTH	LACE (Stote	or foreign	country)	00	12. CIT	ZEN OF	WHAT	COUNTRY?
1	Kousewif		Ow	n home		a	em	den		W.C		US	A.	
13.	FATHER'S NAME					14. MOTHER	S MAIDEN	NAME	1111					
	John C	ollin					Unkne	W						
		R IN U. S. ARMED FORCE		SOCIAL SECURITY N	O. 17. II	NFORMANT				Addres	3			
110	no	il yes, give war or oales or te		ne ne	Ad	elphus	Cof	fee 4	38 N	. Je	nath	an	Str	eet
		TH [Enter only one cou	se per lin	e far (a), (b), and (c	).]								VAL BE	
	PART I. DEA	TH WAS CAUSED BY:		Diabete	a M							ONSE	LOV	TS TEATH
	260 X	DUE TO		Periphe		rascula	dise	28e						
	Conditions, if or	ny, which ) (b)		Acute c								1 :	15 d	ays
	gove rise to in	mmediate (		Acute P										
	lying couse lost.	(c)		Phelibi	tis	of femo	ral ve	in-lt						
Z	PART II. OTH	ER SIGNIFICANT CON	ITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	O THE TERM	AINAL DISEA	SE CONDI	TION GIVEN	IN PART	1(a) 19.	WAS A	AUTOPSY
CATION													-	RMED?
TIF	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature	of injury in	Part I or Pa	ort II of ite	m 18.)				
CERTI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		None										
CAL	20c. TIME OF INJUR	Y Month, Doy, Yea		JURY OCCURRED	20e. PL/	ACE OF INJURY	(Home, for	m, 20f. (Ci	ity or town)		(0	ounty)		(Stote)
MEDICAL	Hour o.m.	none 19	While of work	Nat while of work	Too	ctory, street, off	one	c.)					-	-
	21 I certify th	at I attended the	decens	ed from Oc	tobe	r 104	3 to	Feb.	28	19 58	that I I	act say	y the	decensed
		eb. 28	_, 195											
		200.	1	- /	7	accorred t	**********			or town, ste		ic dale		ATE SIGNED
	ACTUAL	· Rolee	1 1	vell	4	M D	13	15 N.	Poton	nac St	reet		3-3	2-58
	-													
	PHYSICIAN'S	S. Rol	ert	Wells. M.I	D.		T.T	+	· M.	wirlen	6			

22c. NAME OF CEMETERY OR CREMATORY

Rose Will

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERA VS A15 (4) 15M 9/55

may be retained by the hospital or attending physician.

D FUNERA

RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registror priar to burial, cremation, or removal, and in any event within 72-hours after death.

2

220. BURIAL, CREMATION, 22b. DATE THEREOF BUT1al 3-3-1958

FUNERAL DIRECTOR'S SIGNATURE

the funeral director, 2 should be filed with

81

CERTIFICATE OF DEATH A deal Street Resilient A let a ment there in the A let a street the A BUREAU V. S. The state of the s 836T 9 WW. .

John ? Water m. Hear stown mx.

# FOR STATE HEALTH DEPT

is necessary, please of director. Page or your files.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02467

Reg. Dist. No.

											-		
1	1. PLACE OF DEATH o. COUNTY  Washington  MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Washington							
		and give nearest fown)		RURAL	c. LENGTH OF STAY I		c. CITY OR TOWN (IF		porate limits, write	RURAL and	give n	eorest tov	wn)
		Smithsbur	g		20 years		Smiths	burg					
5	* 1	NAME OF HOSPITA	AL OR INSTITUTION (I	not in h	ospital, give street address)		d. STREET ADDRESS					ON	A FARM?
	0	NAME OF DECEASED Type or print)	George		Middle Henry		lost Dean	4. DATE OF DEATH	Mont Feb		Doy		9 58
	5. \$1			7 4440	RIED A NEVER MARRIED			1	9. AGE (In years	IF UNDER	IVEAR		ER 24 HRS.
		Male	White	WIDOW	/ED DIVORCED	3 0	et. 24 188		71 yrs.		Doys	Hours	Min.
	10a.	USUAL OCCUPATION	ON (Give kind of work of g life, even if retired)	31	. KIND OF BUSINESS OR II						-		COUNTRY?
1		Chiroprac	tor	9	elf employed		near Toron		nt. Canac	la U	.S.	A	
1	13.	FATHER'S NAME				1.	I. MOTHER'S MAIDEN N	NAME					
		Henry D	ean				Ellen Ra	ye					
			R IN U. S. ARMED FOR		6. SOCIAL SECURITY NO.	17. INFO	RMANT		Address	5			
	1		(11 ) 41, 91.4 110, 01 00,010		169-09-3824	Mr	s. Blanche	Holmes	s Dean. S	Smiths	bur	g. Mo	d.
		18. CAUSE OF DEAT	TH [Enter only one cau	se per lin	Annual species and the second						INTER	EVAL BETWE	EEN
		PART I. DEAT	H WAS CAUSED BY:		Acute Cer	ehral	hemorrhage	2			ONSE	T AND DEA	(194
		2311	IMMEDIATE CAUSE (a)			0010.	. HOMO THAN						
		2011	DUE TO										
		Conditions, if as	ligle couse								-		
		(a), stating the t											
		couse lost. (c)									A LITTO DE M		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING NOTE:  None						VEN IN PARI	1	PERFO	RMED?				
										YES [	но 🔀		
	CERTIF	20a. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH.	JSE WAS TRIBUTING []	b. DESCR	None None	RED. (Ente	r nature ef injury in Por	t I or Port II	of item 18.)				
	Y.	20c. TIME OF INJUR	RY Month, Doy, Yea	r 20c	I. INJURY OCCURRED 20	PLACE	OF INJURY (Home, form	n, 20f. (Cit	y or town)	(Cou	nty)		(Stote)
	MEDICAL	Hour o.m. p.m.	none 19		hile Not while work of work		street, office bldg., etc.	-)	-			-	
		21. I certify th	nat I took charge	of the	remains described	obove	, held on Autops	y . I	nspection 🔀	, Inquir	у 🔲	, an	d in my
		apinian death	resulted fram: 1	Vatura	l causes x, Accid	ent 🔲	Suicide ,	Hamicide	Undet	ermined n	nanne	er 🗌	
			7170	-	me e e o							1	
)		ACTUAL SIGNATURE	, Total	1	nella		A.D. CHIEF MEDICAL E	XAMINER _				DATE S	IGNED
1		P.V.A. MILLERIA					ASSISTANT MEDIC	AL EXAMINI	ER 🗌				
		EXAMINER'S NAME (Type)	S. Ro	bert	Wells, M.D.		DEPUTY MEDICAL	EXAMINER	۵	2-1	11-5	58	
	220	BURIAL, CREMATIO	N. 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	ATION (City, town,	or county)		(State	0)
		B/12/18	2/12/58		Smithsburg	Cem	etery	Sm	ithsburg			Md.	
	23.	FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS		240. REC'	D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	NATU	RE	
	1	ralle 3	& Herr		Waynestr	20	Va DATEB	1 4 '58	(Poel		/		
	-									and the standard of			

4 should i TO DEPUTY VS. ATSME 5M 2/57

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the function 4 should it ewarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of a rits designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURKAU V. S.

FEB 24 1958 >

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200	pa	00	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	-5
7	-		3	0
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-	-	R.	S	ist
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4	may be retained by the hospital ar attending physicion.	TO FUNERA RECTOR: After this certificate has been signed by the ottending physician and campletely filled the funeral director,		the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

1. PLACE OF DEATH  C. COUNTY  Washington  MARYLAND  1. CHYO TOWN (If equide corporal limits, write and extension)  L. CHYO OF Washington  L. CHYO OF WORN (If equide corporal limits, write and extension)  L. CHYO OF WORN (If equide corporal limits, write and extension)  L. CHYO OF WASHINGTON  MARYLAND  L. CHYO OF WASHINGTON  MARY	1	MARYLAND	STATE DEPARTM	ENT OF HEALTH-BA	ALTIMORE, 18	
b. COUNTY Washington  c. CITY OF TOWN (if outlide corporate limits, write RURAL and give necertal form)  BERRA of give necertal logic necessary of give necertal give necertal form)  A NAME OF COUNTY Mad.  d. NAME OF COUNTY Mad.  30 yrs.  d. STREET ADDRESS  64 Winter St. Hagerstown Md.  d. STREET ADDRESS  64 Winter St. Hagerstown Md.  d. STREET ADDRESS  65 Winter St. Hagerstown Md.  d. STREET ADDRESS  65 Winter St. Hagerstown Md.  d. STREET ADDRESS  66 Winter St. Hagerstown Md.  Doy. Year Declaration County Hospital		2480	CERTIFICA	ATE OF DEATH	Reg. D	ist. NJ 2469
b. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)  Hagerstown Md.  d. NAME OF CHOSPITAL (If not in heapital, give street address)  J. NAME OF DECEASED (Type or print)  Charles  Clevelend  De Louney  Nashington  Charles  Clevelend  De Louney  Nov. 11 1886  Nov. 12 1886  Nov. 11 1886  Nov. 12 1886  Nov. 13 FATHER'S NAME  Charles  Charles		a COUNTY	MARYLAND	o. STATE <sub>n,r</sub>	b. COUNTY	
d. NAME OF HOSPITAL (If not in hospital, give treet oddress) Was INSTITUTION Was STITUTION OF MASTITUTION OF MA	1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	0.0	c. CITY OR TOWN (If autside co	rporate limits, write RURAL and	
NAME OF DEATH   STATE	1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		ON A FARM?
Charles   Clevelend   De Louney   Death   Peb   25   1958	-					Md. YES   NO.
Male White WIDOWED DIVORCED NOV. 11 1886 71 yrt. Months Days Bours Min.  100. USUAL OCCUPATION (Give kind of work done) 101. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 102. CITIZEN OF WHAT COUNTRY 103. FATHER'S NAME 103. FATHER'S MAME 104. R.		(Type or print) Charles	Clevelend	OF.	in m	
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCESS   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFOR	1	7.7			lost birthdoy) Months	
13. FATHER'S NAME  Charles De Louney  14. MOTHER'S MAIDEN NAME  Charles De Louney  15. WAS DECASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT (19. No. 19. No. 19. No. 19. INFORMANT (19. No. 19. No. 19. INFORMANT (19. No. 19. No. 19. No. 19. INFORMANT (19. No. 19.	17	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) et d hallroad han We	N 1745	d a.	75.77	
The contribution   Conditions	Ī		ne <b>y</b>	14. MOTHER'S MAIDEN NAME	llen James	
B. CAUSE OF DEATH   [Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   Massive pulmonary embolism, right   24-36 hrs     Conditions, if any, which gove rise to immediate couse (a), stating the under:   Jying couse lost.     Jying couse lost.   The significant conditions contributing to Death But not related to the terminal Disease condition given in Part I(a)   19. Was autopsy performed?     Yes   No	Ti	(es, no, or unknown) (If yes, give wor or dates of service)			64 Win	
M.D. LUCI From PSS Innal Arias Ding. Clearing		Conditions, if ony, which gove rise to immediate cause (a), staling the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS of the control of the couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS of the control of the couse lost.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year white of wor control of the control o	The pronchia did in the state of work with the state of work of the state of the st	ardiovascular  ardiovascular  NOT RELATED TO THE TERMINAL DISE  SES  D. (Enter noture of injury in Part 1 or  NCE OF INJURY (Home, form, 20f. (rotry, street, office bldg., etc.)  1924 19 58, to Febru  accurred a 2:002 M, fr	ight upper a disease ASE CONDITION GIVEN IN PAR Port II of item 18.) City or town) ( ary251958 that I ram the causes and an ti (Street, city or town, stote)	24-36 hrs
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (CIN. 1999, or county)	1	REMOVAL (Specify) March 1-58	Mt View C	emetery Sh		0,1
Burial March 1-58 Mt. View Cemetery Sharpsburg Maryland	K	went teaf	uconsport.	DATE MAR 3	Jo Contess	

OF HEALTH-BALTIMORE IS	MARYLAND STATE DEPARTMENT
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2513 CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

02470

e. IS RESIDENCE

ON A FARM?

YES X NO

Year

19

Min.

Reg. Dist. No.

Months

Washington

Day

9

USA

Days

(County)

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

mo.

PERFORMED? YES NO TH

(State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Marvland

Rural - Smithsburg

b. COUNTY

	ERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director,	3 show the detached far use as the burial-transit permit. Then please remane carban papers. Pages 1 and 2 shauld be filed with	
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	ERA	3 sh	gistrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 00 RD # NAME OF First Middle 4. DATE Last Month DECEASED ALTCE SUSAN DETROW DEATH Feb. (Type or print) 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Female White WIDOWED [] DIVORCED [7] July 11. 1876 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most af warking life, even if retired) own home Ringgold. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S.B. Sigler Sugan Sites 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Clarence Duffey, RD # 2, Smithsburg, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (a) DUE TO Generalized Arteriosclerosis Canditians, if any, which gave rise to immediate DUE TO casse (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) Haur a. m. While Nat while of work at work p. m. 2-9-58 \_\_\_\_, 19\_\_\_\_,that I last saw the deceased 21. I certify that I attended the deceased from 12-14-56 . 19 and that death accurred a R: OOR M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Smithsburg. Maryland SIGNATUR PHYSICIAN'S Charles F. Hess. MD NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page 3 22g. BURIAL CREMATION REMOVAL (Specify) Feb. 12,1958 Green Hill Cemetery Burion 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR Waynesboro, Penna.

PLACE OF DEATH

Washington

b. CITY OR TOWN (If autside carporate limits, write

Rural - Smithsburg

RURAL and give nearest tawn)

o. COUNTY

Page

law requires that the death certificate be executed within 24 haurs after death.

PHYSICIAN: The

O FUNE 15M 9/55

22d. LOCATION (City, town, or county) Waynesboro,

(State) Penna.

246 REGISTRAR'S SIGNATURE

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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH FEB 88 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

FEB 20 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2514 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Rea. Dist. No.

	PLACE OF DEATH o. COUNTY Was	shington		MAR	<b>PLAND</b>		Maryle		lived. If institut b. COUNTY	Washi	e before o	dmission)
Г	b. CITY OR TOWN (II RURAL and give ne William	f autside corporate limit parest town) ISPORT	s, write	c. LENGTH OF STAY	IN 1b	- 2	Town (If or Hagers		ate limits, write I	RURAL and g	ive nearest	tawn)
	d NAME OF HOSPIT	AL (If not in hospital, g emsport San	ive street	oddress)		d. STREET A			ve.		e. t	S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	Fin DAIS	s†	Middle		Los GAV		4. DATE OF DEATH	Mod Fe	b.	Day 26	Year 19 58
5.	sex Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRI		B. DATE OF BIRT			9. AGE (In years lost birthday) 81 yrs.	IF UNDER		UNDER 24 HRS. ours Min.
L	House	ON (Give kind of work or king life, even if retired) WIIE	lone 10b.	Own Home	OR INDUS	New	ton, Ir	diana			J.S.A	HAT COUNTRY
13.	FATHER'S NAME	Gra	ff			14. MOTHER'S	ra Sli					
15.  Ye	WAS DECEASED EVENTS, no. or unknown)	R IN U. S. ARMED FOR	CES? 16.	social security no		NFORMANT Rex Gave				Hagers	stown	,Md.
		mmediate (	11-	ne for (o), (b), and (c) Tenio Scr wanhad	fort	ic hea	std	sease	inth		INTERVONSET	AL BETWEEN AND DEATH
CERTIFICATION	Unin	S UNDERLYING D  AUSE OF DEATH MEDICAL EXAMINER)	TI	CONTRIBUTING TO DE	11					VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea		NJURY OCCURRED  Not while of work	20e. PL/ fac	ACE OF INJURY ( clary, street, office	(Hame, farm, e bldg., etc.)	20f. (City	or tawn)	(Co	aunty)	(Stote)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at Lattended the	deceas 193 by		death	19 Ts accurred at M.D. 238	1220			and an th		the deceased stated above DATE SIGNEY (FB)
220	BURIAL, CREMATIO REMOVAL (Specify) Burial	2/28/58	/	22c. NAME OF CEM Rest Ha		R CREMATORY Cemetery	'		ON (City, town, erstovn	ar county)		(State) Md •
	FUNERAL DIRECTOR:	s signature Funeral Ch	apel			nna.Ave. own,Md.	240. REC'D	BY REGISTR	AR 246. REGI	STRAR'S SIGN		



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183	CERTIFICATE	OF	DE
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	$2^{\iota}$	183	CI	EKIIFIC/	AIE OF L	JEAIF	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Washin	gton			MARYLAND	2. USUAL RESI	ryla:	ere deceased nd	lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN ( RURAL and give no HA ger	If outside corporate lime earest town) Stown	its, write	c. LENGTH O	ears		TOWN (If o		ate limits, write R	URAL ond (	give nec	rest town	.)
d. NAME OF HOSPIT	on County	HOS	oddress) spital		d. STREET			ferson	St.			PARM?
3. NAME OF DECEASED (Type or print)	Charles	**	Cllis	Middle H	artle	i	4. DATE OF DEATH	Februs	th	Do		Year 19 <b>58</b>
5. SEX Male	6. COLOR OR RACE White	7. MARE		MARRIED NORCED	B. DATE OF BIRT	20,1	906	9. AGE (In years last birthdoy) 51 yrs.	Months Months	1 YEAR Days	Hours Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of wor	ON (Give kind af work king life, even if retired OT	done 10b.	KIND OF BUSI			ACE (State	100000	d.	12. CIT		F WHAT	COUNTR
13. FATHER'S NAME Will					14. MOTHER'S	MAIDEN N		wers				
15. WAS DECEASED EVE (Yes. no or unknown)	R IN U. S. ARMED FOI	CES? 16.	4-09-6	104Mr	nformant B. Dort	hy P	offen	berger	Hag	. M	id.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Da 2		ma to s	7/5					RVAL BE ET AND	
150X Conditions, if o	DUE TO		6261	2036	01	e s	okh	ac1.1			9	
gave rise to i catse (o), stoting lying couse last.	mmediate (				/							
PART II. OTI	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO YES	AUTOPSY RMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURRE	D. (Enter noture o	of injury in f	Part I or Part	II of item 18.)				
20c. TIME OF INJUF Hour a.m. p.m.	RY Month, Doy, Ye	ar 20d. II While at wor	NJURY OCCUR! Not while k at work		ACE OF INJURY office			or town)	(0	County)		(State)
21. I certify the	nat I attended the	deceas		that death		11:3		the causes of				
ACTUAL SIGNATURE	ldn	3	100		N.D. 115		ADDRESS (Str	reet, city or town,	state)	g M	DA	ATE SIGNI
PHYSICIAN'S NAME (Type)	Eldon G	. Ho	achlar	nder	* min min min min min min min min							
22a. BURIAL, CREMATIC REMOVAL (Specify Buria			Rose Rose	F CEMETERY C	R CREMATORY  Cemeter	v		ON (City, town, or gerstow		•	(State	±)
23. FUNERAL DIRECTOR	S SIGNATURE Minnich	& S	on Hag				BY REGISTI	RAR 24b. REGI	TRAR'S SIG	GNATUR	E	

may be relained by the hospital or attending physician.

TO FUNERA

RECTOR: After this certificate has been signed by the attending physician and campletely filled

y the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haury after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 9/55

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VG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 spiral or attending physician.

er this certificate has been signed by the attending physician and campletely filled the funeral director, for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with cremation, or remayal, and in any event within 72 hours after death. I

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TO HOSPITAL OR ATTENDIN	may be retained by the has	TO FUNERA URECTOR: After	page 3 shart be detached	the registrar priar to burial,
٧	SM	A15	55	)

	Fa	303	CERIII	FICATI	OF DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Was	shington		MARYI	- 11	USUAL RESIDENCE (WIO. STATE Mary]	here decease and	1 (000110.0011	Washi		
b. CITY OR TOWN (I	f autside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write RU	RAL and give	nearest to	∾n)
Hagerstown	1		45 yrs.		Willi	amspo	ort			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, and County	Host	oddress)		s. STREET ADDRESS 13 Fent	on Av	re.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Lewis	rst	Middle Clevela	ind H	lost awbecker	4. DATE OF DEATH	Manth Feb.	2	Day O	Year 1958
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIE	D 📋 8. D.	ATE OF BIRTH			FUNDER 1 Y	_	
Male	White	WIDOWI	ED DIVORCE	O A	ug. 9 189	2	65 yrs.	Menths Do	ys Hours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	auntry)	12. CITIZEI	N OF WHA	T COUNTRY
Mill Work	Dye Room	T	annery		Marylan	d		US	SA	
13. FATHER'S NAME		9-1		14	I. MOTHER'S MAIDEN I	•				
James	Hawbeck	er			Sara	h Van	drew			
Ny 50	R IN U. S. ARMED FOR (If yes, give wor or doles of Vorld War		SOCIAL SECURITY NO.	o Mrs.	T	Hawb	ecker W	J Femi	ton A	ve.
Conditions, if a gove rise to i couse (o), stoting lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (comp, which mediate the under-		pe far (a), (b), and (c).}	Vaso	Cardina He	MONAL DISEAS	dures	re	DISET AN	D DEATH
20g, ACCIDENT WA	S UNDERLYING [7]		CRIBE HOW INJURY OF						PERF	ORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Ye	ar 20d. II While at wor	_ Nat while_	20e. PLACE factory,	OF INJURY (Home, farm street, office bldg., etc	n, 20f. (City	y or town)	(Cour	nty)	(State)
21. I certify the olive on	at 1 ottended the	deceos		deoth occ	. 19.58, to	PM, from	2-D, 19-58 m the couses ar irred, city or town, st	nd on the	dote sta	e deceosed ted obove DATE SIGNED
220. BURIAL, CREMATIC REMOVAL-(Specify)	Feb. 23	of -58	22c. NAME OF CEME Greenlaw				TION (City, town, or liamspor			oie) 1d.
23 FU TRANCOIREGOR	10 0	W.	illion	port,	4 4 4	EB25		RAR'S SIGNA		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L. 8S61 22 1828 ... MERCONS METALES AND PROPERTY AND

VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2516 CERTIFICATE OF DEATH

02478

								Reg. Dis	st. No.	
1. PLACE OF DEATH o. COUNTY WE	shington		MARYLAND		USUAL RESIDENCE (Who o. STATE Maryl		ed. If institut b. COUNTY		ce before odmis	
b. CITY OR TOWN ( RURAL and give n Rural	If outside corporate limits earest town) Cave town		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If or	cavet				
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, gi	ve street		1	d. STREET ADDRESS BOX	55			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Carrie		Ma e	Ke	endall	4. DATE OF DEATH	Febr		Doy 24	Year 19 58
s. sex Female	2.179 4 4	7. MARR	NEVER MARRIED DIVORCED DIVORCED		obruary 13	, 1878	AGE (In years ast birthday)	IF UNDER Months	1 YEAR IF UND Days Haurs	_
House W	ON (Give kind af wark d king life, even if relired) LI O		KIND OF BUSINESS OR INCOMINED		Smithsbu	rg Md.	Rt.	12. CIT	IZEN OF WHA	T COUNTRY
13. FATHER'S NAME Heze	ekiah Hol	tzm	an	14	Mary	AME Fulton				
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give war ar dates of ser			eor	ge T. Ken	dall C	aveto	wn Bo	ox 55	
Conditions, if a gave rise to i couse (a), stating lying couse lost.	the under-	DITIONS C	ONTRIBUTING TO DEATH B	ON TU	RELATED TO THE TERMIN		ONDITION GI	VEN IN PAR	T 1(o) 19. WAS	AUTOPSY
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in P	ort I ar Part II o	of item 1B.)			ORMED?
20c. TIME OF INJUI Hour a. gr. p. m.	RY Month, Day, Year	20d. It White of wor	_ Nat while_	PLACE (	OF INJURY (Hame, farm, street, office bldg., etc.)	20f. (City or	tawn)	(0	Caunty)	(State)
actual SIGNATURE	lattended the	12_ 12/e	ed from $7-12$ 58, and that dea	th oce		M, from the ADDRESS (Street	ne causes	and on the	he date stat	
	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY Welty Ce		EMATORY	22d. LOCATION			(Sto	te)
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'D	BY REGISTRAR	24b REGI	STRAR'S SIC		71117
Scott F.	Minnich &	Sol	n Smithsbu	rg	Md DATE	AR 3 '5	- Wi	in col	lla	

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. If an extraction the event was a said and the state of the color for the first time has not interest the color and the make the left had been at 836: 8 NAM AC AND SERVED SECTION AND SECTION ASSESSMENT AND SECTION ASSESSMENT AND ADDRESS OF THE PARTY OF The State of the S

**CERTIFICATE OF DEATH** 

02480

Reg. Dist. No

1. PLACE OF DEATH o. COUNTY Washin	et a w		MARY	LAND	2. USUAL RESIDENC		e deceased li	b. COUNTY				ion)
b. CITY OR TOWN	(If outside carporate lim	its, write c	LENGTH OF STAY	IN 1b	e. CITY OR TOWN		side carporate		URAL and			n)
RURAL and give		rland	35 VDS		Magerst			-	0.3			
	ITAL (If not in hospital,				d. STREET ADDRE			100110	1		. IS RES	PARM?
1		th St	rest		112	W	Ner	th Str	eet			NO
3. NAME OF DECEASED	Fi	rst	Middle		Lost	1	. DATE OF	Mor	th	Day	,	Yeor
(Type or print)	Agnes		Alice		King		DEATH	Tek	)	17	1	19 58
5. SEX		7. MARRIE	D NEVER MARRIE	D	8. DATE OF BIRTH		9.	AGE (In years lost birthday)	Months	Doys	Hours	R 24 HRS.
Female	Colored	WIDOWED		-		187	8	79 yrs.				
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work rking life, even if retired	done 10b. KI	ND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLACE	(Stote or	foreign coun	try)	12. CIT	IZEN OF	F WHAT	COUNTRY
Rousewif	0	Ow	n home		Shep	and the same	4s tow	n. W. 3	a U	SA		
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NA	ME					
	ry Dersey	oran la cara		Ten a	Nanni	9	Lepe					
(Yes, no, or unknown)	ER IN U. S. ARMED FOR	service) 16. SC	OCIAL SECURITY NO.		NFORMANT			Add				
ne			ie ne	Mr	s Lame Wi	113	en 11(	O W. N	erth	S:	tree	et
	ATH [Enter only one co	ouse per line	for (o), (b), and (c).]							INTE	RVAL BE	DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	rcino	ma	0+ 12	2 0	cro	2.5			7 m	
101X	DUE TO	)			7							
Conditions, if		)										
gove rise to couse (o), stating												
lying couse last	, 10	:)										
PART II. OT	THER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE C	ONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY RMED?
3												NO D
OR CONTRIBUTION	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OF	CCURRED	). (Enter noture of inju	ry in Po	rt I or Port It	af item 18.)				
WEDICAL TIME OF INJU		While	Not while	20e. PLA fac	ACE OF INJURY (Home, tory, street, office bldg	e, farm, g., etc.)	20f. (City or	town)	(0	County)		(State)
	had all date		4		10 /7 .	+	1 1-1	20 15				
	hat I attended the	deceosed	t		, 19 <u>.6_7,</u> to	0	1-1-1-	195				
olive anA	-40-1-1	, 19_9_	, and that	death	accurred at9_			he causes of		he date		ed abave
ACTUAL SIGNATURE	0 1	5-11	11		2///	A/	D L	i, city or lown,	store)		2.1	ITE SIGNE
SIGNATURE	Logal L	1-1	More	-	ud 214	/	176	ama.	3_7	۷		1075
PHYSICIAN'S NAME (Type)	Lleyd	A· K	10 FFn	וקח	~ /t z	Sel	rst	own	<b>)</b>	12	<u>d'</u>	
220. BURIAL, CREMATION REMOVAL (Specify		OF :	22c. NAME OF CEME	TERY OF	R CREMATORY	) 2	2d. LOCATIO	N (City, town,	or county)		(Stote	e)
	Feb 21	1958	Rese Mi	11 (	Cemetery		hephe	THE RESERVE AND ADDRESS OF	Wn W.	.Va.		
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	-		. REC'D	BY REGISTRAI	R 24b. REGI	STRAR'S SIG	GNATURI	E	
John !	Walson	~ 1	Hagers	low	ma DAT	FEB 2	0 '58	leed		1		

TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 s.c. be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within Thours ofter death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 VS A15 (4) 15M 9/55

LES 50 1328









1		STATE DEPARTM	MENT OF HEALTH	I-BALTIMORE, 1	8
	: 2517	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 12481
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institutio	
L	WASHINGTON	MARYLAND	MARYLA	b. COUNTY	SHINGTON
	b. CITY OR TOWN (If autside corporate timits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carparate limits, write RU	
L	0 0 0	LIFE	X BOON	5130120	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L	ST. PAUL ST.		ST. DAI	IL ST	YES NO NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Year
L	(Type or print) EMMA	ACHUSTA	KLINE	DEATH FEBRUA	RV-5- 1958
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.
6	LEMALE WHITE WIDOW		AUGUST- 30-	1883 74 yrs.	Months Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	HOUSE WIFE C	AMB HOME	BOONSBUR	O WASH . Cc . A	ND WISIA.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N		
L	CEORIFE C	LARSON	SARSA	N SOUD	ERS
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	
L	No.	NONIE C	HERLES M.	KLINE BOO	NSBORO IND.
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), ond (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary	Thumbere	1	ONSET AND DEATH
	4.20.1 DUE TO	0			
	Conditions, if ony, which ) (b)				
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
FICATION					PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO 20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I ar Part II af item 18.)	
L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICA		NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
MED	Hour o. m. 19 White of wor		icidity, siteer, office bidg., etc.		
	21. I certify that I attended the deceas	ed from Fel - 4	1958 10 FR	U-5 1958	that I last saw the deceased
	alive on Feb 4 194	E. C	accurred at 7 A		nd an the date stated above
	KI. D.	, /		ADDRESS (Street, city or town, s	
	ACTUAL SIGNATURE	an	MD B	malma	2-6-58
	1 11			-6-14-04-12-12	
	PHYSICIAN'S G-W-Le Va	21			
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
,	REMOVAL (Specify)  BURIAL  FEB. 7:1958	BORNSBORD	CEMETERY	PANSIZARA	WASH. CO. MIZ
23.	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE
(	Dast June Horns	BOONSBOKA	MD DATE_	0.58 0006	1
		15-71 142-127 17C	TANK EFRI	U 30 U U U	

EEB 10 1828

LEB IO 1328

Little No. 1 and September 1 and Laborate London Time E Sport

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V	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat
S	may be retained by the haspital ar attending physician.
A15	TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funer
1/5	page 3 shavid 5e detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be
7	the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2489 CERTIFICATE OF DEATH

02483

				JEK I II I C	AIL	OI DEA	***		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY				MARYLAND	0.	STATE		sed lived. If institu b. COUNT	Υ		nission)
WASHING						MARYLAN		WAS	SHING		
b. CITY OR TOWN RURAL and give r	(If outside corporate lim nearest town)	its, write	c. LENGTH	OF STAY IN 16	C.	CITY OR TOWN	(If outside cor	porote limits, write	RURAL ond g	give nearest to	own)
	ERSTOWN			AYS	X	RURAL	SHAR	PSBURG			
d. NAME OF HOSPI	ITAL (If not in hospital, o	give street	oddress)		10	. STREET ADDRESS	S				RESIDENCE
WASHI	VGTON COLL	MTY.	HOSPI	TAI.	1 3	SHARPSB	URG M	D.ROUTE	1		NO [
3. NAME OF	Fi	rst		Middle		Last	4. DATI	M	onth	Day	Yeor
(Type or print)	GEORGE	U	PTON	LEA	THE	RMAN	OF DEAT	FEBRUA	RY 12	1958	19
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEV	ER MARRIED	B. DAT	E OF BIRTH		9. AGE (In year	IF UNDER	TYEAR IF UN	
male	WHITE	WIDOWI		DIVORCED		UNE 16	1877	last birthdoy)	Months	Doys Hou	rs Min.
On. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BU	JSINESS OR IND			tote or foreign			ZEN OF WH	AT COUNTR
during most of wo	rking life, even if refired	1)						RED.CO.		.S.A.	
3. FATHER'S NAME						MOTHER'S MAIDE		1000000	ن الله	1121421	
TO	LINE T TO A OF LETTER	DAVA NY						GROSSNI	CVIT		
JO.	HN LEATHE		COCIAL SEC	LIBITY NO 117	INFORM	ELIZA	DETH		ldress		
(Yes, no, or unknown)	(If yes, give wor or dates of s	tervice)		12/21/1						1/7 5	-
NO			NONE		BRU	OE LEAT	HERMA	N SHARP	SBURG	MD.R	• 1
	ATH [Enter only one co	ouse per li	ne for (o), (b	). ond (c).]							BETWEEN ND DEATH
PARI I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Proba	able br	ain	infarc	t			1 -	reek
332X	DUE TO										
Conditions, if	ony, which ) (b	. Ce	rehrs	al arte	rio	scleros	is			5 Yr	(3)
gove rise to	immediate (	,				0020200					
couse (a), stating lying couse lost.		1									
Z PART II. OT	THER SIGNIFICANT CON		CONTRIBUTION	NG TO DEATH BL	JT NOT R	ELATED TO THE TE	RMINAL DISE	ASE CONDITION G	IVEN IN PART	1(o) 19. WA	AS AUTOPSY
Ĕ E	senign hyp									PER	RFORMED?
-	AS UNDERLYING	7				er noture of injury	in Port I or P	ort II of item 18.1		165	E NO []
OR CONTRIBUTING	G CAUSE OF DEATH	200. 003	CNIDE HOTT	MAJORI OCCORR	CO. (LIII)	a noiore or injury	111111111111	dir ii di iigii 16.j			
20c. TIME OF INJU		1004 11		10000 20- 0	NACE OF	Thinky at	100/ 15				
Hour o.m.		While	NJURY OCCU		octory, s	FINJURY (Home, fi treet, office bldg.,	etc.)	ity or town)	(C	ounty)	(Stole)
p. m.	19		k of wor								
21. I certify !	hat I attended the	deceas	ed fram_	Jan. 1		19 58, to	Feb.	12 , 19 5	Sthat I I	ast saw th	ne deceas
alive anH	'eb. 11			pd that deal	h accu	rred at		om the causes			
	) 1 A-1		1. /	11-1	1	-		(Street, city or town		ie ddie sit	DATE SIGN
ACTUAL SIGNATURE	MAINA	~ 1	H X	Na		7		sburg.		2/14/5	
SIGNATURE	V - CO -	1	0		_ M.D.		Discus	obdie,	WILL S	12.4.3.	2Ω
PHYSICIAN'S NAME (Type)	Walter H.	She	ealy 1	W. D.	/						
220. BURIAL, CREMATIC					-/-		001				
REMOVAL (Specify		<b>J</b> F		OF CEMETERY	OR CREA	MATORY		CATION (City, town		(S	itote)
BURTAL	. 15	1958	gree		CEM	ETERY		NESBORO			
23. FUNERAL DIRECTOR	'S SIGNATURE"		ADDRE	Λ	1	24a. R	ECTO BY REG	STRAR 246 REC	ISTRAR'S SIG	NATURE	
Dank -111	my trong	1	O MITT	1 Alpin	ma	DATE		100	The edu	eh	

BUREAU V. S.

FEB 19 1958

## FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the function. Page 4 should prworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retail or your files.

TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. ATSME BM 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

112484 Reg. Dist. No.

- 12					
	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived. If institution: Resi	dence before admission)
	o. COUNTY WASHINGTON MARYL	LAND	O. STATE MARY	T.AND b. COUNTY WAS	HINGTON
1	b. CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town)	N 1b	7.01.0 6 3.66	outside corporate limits, write RURAL or	STATES OF THE PARTY OF THE PART
4	PONDSVILLE 15 YEARS	S	PONDSVI	LIE	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	repr	d. STREET ADDRESS	Fed Audi III	e. IS RESIDENCE
	SMITHSBURG MD.ROUTE 1		SMITHSBU	RG MD.ROUTE 1	YES NO NO
	3. NAME OF First Middle		Lost	4. DATE Month	Day Year
	(Type or print) LEON DANIEL	L	EWIS	DEATH FEBRUARY 1	8 1958 19
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8.	DATE OF BIRTH	Inst Alisthalas A	R TYEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED		DECEMBER 2	1 1915 42yrs. Months	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Induring most of working life, even if retired)	NDUSTI	RY II. BIRTHPLACE (Stote of	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
1	GRINDER MAGNUS METAL WORKS		MYERSVIL	LE FRED.CO.MD.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
1	EDWARD LEWIS		EMMA HIN	ES	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. IN	FORMANT	Address	
		MR	S.DORIS LE	WIS SMITHSBURG	MD.ROUTE 1
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  ROUTE	ere	ebral hemor	rhage	ONSET AND OFATH
1	33/X DUE TO	·	552 512 11011101	111450	
1	Conditions, if ony, which ) (b)				
1	gove rise to immediate couse				
1	(o), stating the underlying DUE TO				
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY
	322.2 Alcoholism				PERFORMED?
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  3 2 2 ALCOHOLISM  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH  CAUSE OF DEATH	RED. (E)	nter noture of injury in Port	f or Port ff of item 18.)	
- 1		e. PLAC	E OF INJURY (Home, form,	1204 (City or town)	ounty) (Stole)
	20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. none 19 White of work 19 of work 19	focto	ry, street, office bldg., etc.) none	-	(3.018)
1	21. I certify that I taok charge of the remains described	abov	re, held an Autopsy	Inspection X, Inqui	iry . and in my
	opinion death resulted from: Natural causes X. Accide	ent [	7. Suicide 17. H	Iomicide . Undetermined	monner [
	000 4/12 00				
1	ACTUAL S. Roles T Wells		M.D. CHIEF MEDICAL EXA	AMINER [	DATE SIGNED
	EXAMINER'S C Pahant Walls M.D.		ASSISTANT MEDICA	L EXAMINER 🗆	2-19-58
	EXAMINER'S S. Robert Wells, M.D.	•	DEPUTY MEDICAL E	XAMINER 🔀	-19-70
1	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LOCATION (City, lown, or county)	(Stote)
1	BURTAL" FEB.20 1958 SMITHSBUF	RG	CEMETERY	SMITHSBURG MD	
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		A 240. REC'D		
	case the your Boustro	In	Q DATE F	EB 21 '58   Ullified	



by

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EEB 10 1028

DATEER 6

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hours

15M 9/55

	A RESIDENCE OF THE PARTY OF THE
TE OF DEATH	
	INNERTHAL PROPERTY OF THE PROP
	ACMORPH ST.
Silver de la company de la com	
THE RESERVE OF THE PROPERTY OF	
	S.V. UARTOR
AND PART OF THE AND THE PART OF THE AND THE AN	LEB 6 19.
	DECENTED
makeranin a Million and a	ACTION AND ADDRESS OF THE PARTY

# TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. • FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 77 hours ofter death. TO FUNERAL

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2519 CERTIFICATE OF DEATH

Reg. Dist 12487

1.	PLACE OF DEATH o. COUNTY WASHI	NGTON		MAR	YLAND	2. U	SUAL RESIDENT STATE MARYI			d lived. If institu	tion: Resider	TON	re odmissio	on)
	b. CITY OR TOWN (If RURAL and give new	prest town)	its, write	c. LENGTH OF STATE		C.	CITY OR TOV	WN (If a	utside corpo	orate limits, write	RURAL and	give nec	rest town)	
-	d. NAME OF HOSPITA			35 YEAL	RS		BENE		A					
	OR INSTITUTION			oddress)		10	STREET ADD	RESS					e. IS RESII	PARM?
-		ORO MD.RO	DUTE	1		II. F	BOONSE	BORC	MD.	ROUTE	1		YES 🗌	NO 🗆
3.	NAME OF DECEASED	Fi	rst	Middl	e		Last		4. DATE		onth	Da	y Y	ros
-	(Type ar print)	PEARL		A.		I	JUM		DEATH	FEBRUAF		19		
5.	SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARR	IED 🔲	B. DAT	E OF BIRTH			9. AGE (In years last birthdoy)	Months	1 YEAR Days	Hours Hours	24 HRS. Min.
L	FEMALE	WHITE	WIDOW			SEI		879		78 yrs		Days	Hours	Min.
	HOUSI	N (Give kind af warking life, even if retired E WIFE	)	NN HOME	OR INDU:		ZITTI	EST	OWN	WASH.CC		-	S.A.	OUNTRY
13	. FATHER'S NAME					14.	MOTHER'S MA	AIDEN N	AME					
		N MITCHEI					700 40	SAN	ZIT	Ch. Parkers				•
	. WAS DECEASED EVER	IN U. S. ARMED FOR t yes, give wor or dates of s		SOCIAL SECURITY NO	0. 17. 1	INFORM	IANT			Ad	dress			
	NO	NONE		NONE	CA	LVI	NAI	.UM	BOON	SBORO N	D.RO	CHIL	1	
		TH [Enter anly one co	use per li	ne far (a), (b), and (c)	)-]								RVAL BET	
	PART I. DEAT	H WAS CAUSED BY:	)	Coronary	occ	elus	sion					2	hr.	PEAIN
	420.	O DUE TO												
	Canditions, if an		,	Arterios	cler	ot:	ic hea	art	dise	ase		10	yr.	
	gave rise to im cause (a), stating t	mediate (	,											- 47
	lying cause last.	(c	)						200	3-15-1-160				
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT	NOT R	ELATED TO TH	E TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 1	9. WAS A	MED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Ente	r nature of in	jury in P	art 1 or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yes	20d. It While of wor	NJURY OCCURRED  Nat while k ot wark	20e. Pt./ foo	ACE OF	INJURY (Horrest, affice bl	ne, form, dg., etc.)	20f. (Cit)	or tawn)	(1	County)		(State)
	1 100	at I attended the eb. 27	deceas _, 19_ UU		b 2 t death	7 accu	rred at?	30P	_M, fran	28 , 19 5 in the causes treet, city or town hingtor	and an t	he da	te stated	leceased d abave re signed 1/58
	PHYSICIAN'S B.	B. Kneis	sley	, M.D.			Hage	rst	own,	Maryla	nd			
22	BURIAL CREMATION	MARCH 3	195	BOONSE			METER			TION (City, town, BBORO W	or county)	20.1	(State)	
23	FUNERAL DIRECTOR'S	SIGNATURE U	wo	POOL	slr	45	m		BY REGIS		ISTRAR'S SIG			

Mark or

112488 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 OR TOWN (A autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 19mshow 15 da d. NAME OF HOSPITAL ((Inot in haspital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE YES NO NAME OF DECEASED First 4. DATE Middle Lost rear a (Type or print) DEATH ames 195 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8 382m. Months Days Hours WIDOWED [ DIVORCED [ popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME barros 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 420,1 DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year (County) (State) Hour o. m. factory, street, affice bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at M, fram the couses and on the date stated above. ADDRESS (Street, city or town, ACTUAL PHYSICIAN'S NAME (Type) FUNER 3 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY \$2d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 04 an 0 23. FUNERAD DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE! 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DEPOCAL EXAMINERS CENTRICATE OF DEATH

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	permit. Then please remove carban papers. Pages 1 and 2 should be filed with	iled	be	hould	2	210	50	Poor	FS.	adod	000	cork	ove	rem	ose	Pla	Then		Ē
7	igned by the attending physician and completely filled it the funeral director,	dire	peral	ne fur	The second		iled	ely fi	plet	Com	puo	UO	ysic	d b	ndin	offer	the	by	77
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	quires indi the death certificate be executed within 44 hours after death. Fage 4	0	edin	Ter d	Ö	noc	44	ווייו	3	ecor	e e	9		Cerr	ain	de	L		2

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2493 **CERTIFICATE OF DEATH**

02490 Rea. Dist. No.

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Md . b. COUNTY Was	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Hagerstown  c. LENGTH OF STAY IN 1b 46 years	c. CITY OR TOWN (If aulside carporale limits, write RURAL and gi	ive rearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORDINSTRUTION ORDINATION O	1 d. STREET ADDRESS Dewey Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John Calvin	Meyers 4. DATE Month OF DEATH Feb. 9	Day Year
5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED  DIVORCED  DIVORCED		YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote or foreign country)  Franklin Co., Penna.	ZEN OF WHAT COUNTRY?
Noah Meyers	14. MOTHER'S MAIDEN NAME Sarah Zimmerm	an
	Iva M. Meyers, Hagerstown, M	id.
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Canditions, if any, which gove rise to immediate cause (o), stoting the under-lying couse lost.  (c)  Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying couse lost.	Varmer Line	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER		PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ED. (Enter noture of injury in Part I or Part II of item 18.)  **LACE OF INJURY (Home, farm,   20f. (City or town) (Coactory, street, office bldg., etc.)	ounty) (Stote)
21. I certify that I attended the deceased from	h accurred at AM, from the causes and an the ADDRESS (Street city or town, stote)	past saw the deceased abave.  DATE SIGNED
220. BURIAL CREMATION. 22b. DATE THEREOF 220 NAME OF CEMETERY CORRECTED 212-58 Cedar Hill		(Stote)
Scott F. Minnich & Son, Hagerstov	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	

The street most of the street was	COLTANA	nosquistes.
nweith and a second	ETERY ON	
859 Dawley Ave.		. STA TO SE THE
Bell To Coll Late of the State	alvica	ndot
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Spended in Co., Leaners.	adat	Tante I
Hanzemark darks Andrews		
ve M. Meyers, Harestolm, M.	To the state of th	Personal and Property of Sev.
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BUREAU V.	grander EGI Moa	rest and a second secon
BUREAU V.	grander EGI Moa	The state of the s

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	certificate has been signed by the attending physician and campletely filled it. The funeral director,	s as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	1
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	attendir	n please	tian, ar removal, and in any event within 72 haurs after death.
	by the	it. The	y event
in.	signed	sit perm	nd in ar
r attending physician.	as been	ial-tran	loval, a
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o	cert	90	tian

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2494 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** Reg. Dist. No.

	LACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagers town
d	NAME OF HOSPITAL (If not in hospitol, give street or institution County Ho		d. STREET ADDRESS  719 Washington Ave.  e. IS RESIDENCE ON A FARM? YES NOT
C	AME OF ECEASED (ype or print) WILLIAM HENR		LER, SR. 4. DATE Month Doy Year Of DEATH February 3, 1958
5. SI	Male 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH August 31,1889 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Archouse Foreman-W. M.	kind of Business or Indu	STRY 11. BIRTHPLACE (Stole or foreign country)  Ellerton, Fred. Co., Md.  USA  USA
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME
/	George Miller		Enma Kitzmiller
(Yes,	VAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1 05-10-5194	Mrs. Hilda S. Miller-719 Washington A
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (o), the), and (c)/)	JLiver INTERVAL BETWEEN ONSET AND DEATH 2 Years
7	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (b)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While of wor	Nat while fac	ACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State) clary, street, office bldg., etc.)
	21. I certify that of ottended the decease alive on 2/3/58 , 19_  ACTUAL SIGNATURE / COUNTY M.	Meet las	7 19 to 2/3/58 19 that I last sow the deceased occurred at 12:40BM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 136 North Potomac Street 2/3/58
	PHYSICIAN'S Howard N. Wee	ks, M.D.	Hagerstown, Maryland
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2-5-58	Rose Hill	R CREMATORY 22d. LOCATION (City, town, or county) (State)  Cemetery Hagerstown, Maryland
23. F	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
An	drew K. Coffman-Hage	rstown, Mary	yland DATE FFB 7 '58 (les esuch



EEB 7 1958



2521 CERTIFICATE OF DEATH

02492

	70.71				Reg. Dist. No.
	PLACE OF DEATH O. COUNTY Washington Co	MARYLAND	2. USUAL RESIDENCE (Where or STATE	b. COUNTY	an: Residence befare admission)
	b. CITY OR TOWN (If autside carporate limits, wri RURAL and give nearest tawn)	te c. LENGTH OF STAY IN 16		side carporate limits, write Rt	JRAL and give nearest town)
	Williamsbort	9 days	X B00773 bo	oro Rm	ute.1
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet address)	#. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES INO 6
_	WILLIE THIS POIL DE	ncallul,	1		
	NAME OF First DECEASED (Type or print)	Middle E	Moats	OF DEATH FOL	th Day Year 1958
. :	SEX   6. COLOR OR RACE   7. M	ARRIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F	emale White wide	OWED DIVORCED	Sept 17, 188	19 Last birthday)	Months Days Hours Min.
	USUAL OCCUPATION (Give kind af wark done 1 during mast af warking life, even if retired)		JSTRY 11. BIRTHPLACE (Stote ar	foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME	OWN HOND	14. MOTHER'S MAIDEN NA	ME .	LL.S.A.
	Edward Lamber	rt	Lillie	Smith	
	WAS DECEASED EVER IN U. S. ARMED FORCES?  b. no. or unknown)  [ If yes, give wor or dotes of service]	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess
	IVC	NONE /	eslie J. M.	eats Book	aspore and RI
	1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:	tine far (a), (b), and (c).]	710 2.00	Ocide J	INTERVAL BETWEEN
	331X IMMEDIATE CAUSE (o) DUE TO	crurac	vos cuos	reasery	- Lowy
	Conditions, if ony, which ) (b)				
	gave rise to immediate cause (a), stating the under-				
	lying cause lost. (c)				
5	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 17
CEKLIFICALION	20g. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pa	rt I ar Part II af item 18.)	
10000	20c. TIME OF INJURY Manth, Day, Year 20c	d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		wark at work			
	21. I certify that Lattended the dece	eased from 1/11	1938, ta 16	FUL 1950	that I last saw the deceased
	alive an 14 Feb 19	and that deat	h accurred at 9 55		nd an the date stated above
	(a)	/ /	- cli, "	DRESS (Street, city or town,	state) O A DATE SIGNED
	SIGNATURE CLUBS	ach	M.D. 28W.	totomae	orust 17460
	PHYSICIAN'S TAUL HE	HAK, M.D.	W. Mai	uspot,	md.
20	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY COMPANOIS	OR CREMATORY 2	2d. LOCA ION (City, tawn, a	Stene - AAD
3.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D.	of the latest with the latest	TRAR'S SIGNATURE
	BAST FUNERAL HO	NE BOONSBE	OFTO MODATE	D 2 1 58 UU	reduch

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 figure-after death. VS A1S (4) 15M 9/55

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2495	CERTIFICATE	OF	DEATH	0.

Pag Dies No 302

									MAR' DISI	. 140. JUZ	-
	PLACE OF DEATH	hington		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE		d lived. If institutio b. COUNTY			
		If outside corporate lim	ts. write	c. LENGTH OF STAY IN	V 1h	c. CITY OR TOWN (If o		cota limita vusita Di		ningtor	
	RURAL and give no	eorest town)		C. C. TOTAL OF STATE					NAL and gr	ve neuresi io	wn)
-	Hagers			31 years			gersto	wn			
	OK INSTITUTION	AL (If not in hospital, s				d. STREET ADDRESS				e. IS RI	A FARM?
	439	W. Washingt	on S	treet		439 W. Was	shingt	on Street	t	YES [	NO 🖾
1	NAME OF DECEASED (Type or print)	MARY	st	Middle Elizabeth		Lost MOORE	4. DATE OF DEATH	Mont Februar		Day	Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
	Female	White	WIDOW	DIVORCED		April 13, 18	886	71 yrs.	Months I	Pays Hours	
100	during most of world	ON (Give kind of work ting life, even if retired	done 10b.	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
	Housewif	king life, even if retired				Hagerstown	n, Mar	yland		U.S	A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					3
	Thoma	as Mc Carte	r			E	leanor	Fridinge	or		
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT	COMITOI	Addre			
	no, or unknown)	(If yes, give war or dates of s		none		r. Thomas H.	Maara			7/62	
=		THE CO. L			1 1	re Inomas ne	Hoore	Hagerst	lown,		
	The second second second	TH WAS CAUSED BY:	use per li	ine for (o), (b), and (c).]	- /	2 4				ONSET AN	D DEATH
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	420.0	DUE TO		0 +	0.1	2_					
	Conditions, if o		)	Corne	X	enerio				157	ans
	gove rise to i couse (o), stating		-	1- 1							
	lying couse lost.	) (c	, a	served	whe	c heart d	lalde	l			
O	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	OT RELATED TO THE TERMIN	VAL DISEASI	CONDITION GIVE	N IN PART	1(o) 19. WAS	AUTOPSY
CERTIFICATION			53								ORMED?
CERTI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURRED	. (Enter noture of injury in P	ort I or Port	II of item 18.)			
ICAL	20c. TIME OF INJUR	Y Month, Doy, Ye			De. PLA	CE OF INJURY (Home, form,	20f. (City	or town)	(Co	unty)	(Stote)
MEDICAL	Hour o.m.	19	While of wor		toct	ory, street, office bldg., etc.					
~		at I attended the			/	, 1958, to 2	- 1	19.58	that I la	ist saw the	deceased
	alive an2	/	19	All .	leath	occurred at 7:00 H	M. fran				
		00.						reet, city or lown, s			ATE SIGNED
	ACTUAL SIGNATURE	John D.		luco	N	.D				in the time the con size ago ago ago.	
	PHYSICIAN'S NAME (Type)	JOHN	D	TURC	0						
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCAT	ION (City, Iown, or	county)	(Sto	ote)
	Burial	2/4/195	8	Rose Hill	Ce	neterv	Наси	erstown.	Md.		
23.	EUNERAL DIRECTOR			ADDRESS		24a. REC'D	BY REGIST			NATURE	
	R. Frankli	Perrer	HOIN	e Hagerstown	1, M	d. DATE	THE T	58 A	1		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2497 CERTIFICATE OF DEATH

02496 Reg. Dist No 302

			Kağı Di	11. NO. JUZ
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh.	ere deceased lived. If institutions Resident	ce before admission)
Washington	MARYLAND	Maryla		shington
b. CITY OR TOWN (If autside corporate limits, a RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carporate limits, write RURAL and g	give nearest tawn)
Hagerstown	3 days	03 Hagerst	cown	
d NAME OF HOSPITAL (If not in hospital give	street address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION Washington County Hos	mital	425 Ged	orge Street	YES NO IX
	Middle	Lost	4. DATE Month	
3. NAME OF DECEASED (Type or print) KATHRYN	ELEANOR	REYNOLDS	OF February	9 19 58
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Manths	1 YEAR IF UNDER 24 HRS.
Female White w	DIVORCED DIVORCED	October 25, 1	.897   lost birthday) Manths	Days Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)</li> </ol>	e 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country) 12. CITI	IZEN OF WHAT COUNTRY
Housewife		Washington	County, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		U.D.R.
William Berger		Anna May		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	57 16. SOCIAL SECURITY NO. 117.	INFORMANT	Address	· · · · · · · · · · · · · · · · · · ·
(Yes, no, or unknown) (If yes, give war or dates of service	(0)			
no	April 100 and	William J. Rey	nolds Hagerstown,	
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arcine (d). (b), and (c).	Broneliu	is - left	INTERVAL BETWEEN ONSET AND DEATH
DUE TO				
Conditions, if any, which ) (b)				
gove rise to immediate DUE TO				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDIT				PERFORMED?
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Part I ar Port II of item 18.)	
	A (			
	20d. INJURY OCCURRED 20e. Pl While Nat while	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.	20f. (City or town) (C	County) (State)
P. m. 19	of work at work	A	1. /	
21. I certify that Vattended the de	eceased from Dub	10 8 tal	76629 1988 that !!	last saw the deceased
alive on	198 and that death	60		
dive on 44	, and mai dean		_M, from the causes and an the	DATE SIGNE
ACTUAL MILLY / /AN	Stune	1.19 UNIL	with STIVEROM	whis I fin
SIGNATURE	Scarery	M.DC.		710
PHYSICIAN'S Philip J. Hir	shman, M.D. 159 W	. Washington	St., Hagerstown, Mar	yland
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) 2/12/1958	Rest Haven (		Hagerstown, Maryla	
22-FLINIERAL DIRECTOR'S SIGNIATURE	ADDRECC		BY REGISTRAR 24b. REGISTRAR'S SIG	
Suter-Rouzer Funeral H	ome Hagerstown, M		FEB 1 3 '58 ( LU-L.	suci
R. Franklin Porga	THE OUT DOUBLES I	JCL . DATE	A 11-70	J

the funeral director, and 2 should be filed-with moy be retained by the hospital or attending physicion.

TO FUNERA RECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shape. Be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4

ALTERNATION OF THE PARTY OF THE NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02497

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY G. STATE MARYLAND b. COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUPAL c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) HAGERSTOWH **T7 YEARS** HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 350 EAST WASHINGTON ST YES NO IN NAME OF First Middle Lost DATE Month DECEASED Year OF DEATH 20 19 58 COLUMBUS VICTOR RIDENOUR (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost-bythday) MALE Months Hours WHITE OCT 4. 1891 Days Min. WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. CREAMERY CO. LABOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL RIDENOUR EDITH STEFFEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTOWN MD. MRS. HARRIETT RIDENOUR 219-20-2085 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerotic Myocardial heart disease 10 vrs 4.0.1 DUE TO Acute Coronary occlusion Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 0 YES | NO M 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. none none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slole) factory, street, office bldg., etc.) While O 00 Not while none of work of work none 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection X. Inquiry and find that death resulted from: Natural causes X, Accident , Suicide . Homicide . Undetermined cause Robert Wel ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER S. Robert Wells. M.D. EXAMINER'S 2-21-58 NAME (Type) DEPUTY MEDICAL EXAMINER & 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) 2/22/58 HAGERSTOWN MD. ROSE HILL ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b\_REGISTRAR'S SIGNATURE HAGERSTOWN . MD . FRED W. KRAISS

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VS. A15ME(5) 5M 9/55

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02498

2		MEDIC	AL EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. No. ()249
	. PLACE OF DEATH	shington	MARYLAND	2. USUAL RESIDENCE (W		Washington
/		(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	
1	Williams	ort	47 yrs.	X William	sport	
ľ		TAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
L	19 North	Vermont Stre	et	19 North	Vermont Stre	
I	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
L	(Type or print)	Helena	Mae Ro	ockwell	DEATH Fell	1958
I	5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lest birthday)	IF UNDER TYEAR IF UNDER 24 HRS.
l	Female	White WIDOV	VED DIVORCED	Sept. 4 191	0 47 yrs.	Months Days Hours Min.
	during most of work	ION (Give kind of work done 10th ing life, even if retired)	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Janit	ress 1	annery	Williamsp	ort Md.	USA
ſ	13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
L		George Bower	S	Emma N	lay Forsthye	
	15. WAS DECEASED E (Yes, no. or unknown) NO	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	311 310/3/21	romant C. Morrisor		9 Vermont St.
F	18. CAUSE OF DE	ATH [Enter only one cause per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN
ı	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arute co	rougery	Doc lesse	4 10 MIN.
I	426	DUE TO		1	TOP-STUDENTY	
ı	Conditions, if					
l	gove rise to imm (o), stoting the					
I	couse lost.	(c)				
	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. EXTERNAL CAPRIMARY OF CO	AUSE WAS 20b. DESCI	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port	I or Port II of item 1B.}	
	20c. TIME OF INJU	. ^ _	E-at.	CE OF INJURY (Home, form		(County) (State)
	Hour o. m		work ot work			
ı	21, I certify	that I took charge of th	e remains described abo	ve, held on Autops	, Inspection 2,	Inquiry [], and find that
I	death resulte	d from: Natural causes	4. Accident . Sui	cide 🔲, Homicide	, Undetermined co	ause 🔲.
	The state of	00001	)			- 1 - C C C C C C C C C C C C C C C C C
	ACTUAL SIGNATURE	S, Robert	Wells	M.D. CHIEF MEDICAL EX	AMINER	DATE SIGNED
	EXAMINER'S NAME (Type)	S. Robert 1	WELLS M.	ASSISTANT MEDICAL I	/	26.13 1958
ŀ	220. BURIAL, CREMATI	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, o	er county) (State)
-	Burial Burial	" Feb. 15-58	Riverview C	emeterv	Williamspor	t Maryland
1	23. FUNERAL BUSINES		Williamper			TRAR'S SIGNATURE
	- 0.		i/	DAIL		



FEB 14 1959

BUREAU V. S.

TO FUNERAL

VS A15 (4) 15M 10/57

# **CERTIFICATE OF DEATH**

02499

Reg. Dist. No.

				-						
a. COUNTY	ashing to:	n	MAI	YLAND	2. USUAL RESIDENCE (W o. STATE Ma, 1	here deceased	L COUNTY		shing	
b. CITY OR TOWN (III RURAL ond give ne	outside carporole fimit	s, write	c. LENGTH OF STA		c. CITY OR TOWN (IF	outside carpor	ate limits, write RL	JRAL ond gi	ve nearest	town)
Hagers	stown		10 mi	n.	\ Hage	rstow	n			
OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS					RESIDENCE N A FARM?
Washir	ngton Cou	nty	Hospital	-	619 Fre	deric	k St.			NO DX
3. NAME OF DECEASED (Type or print)	ROBERT		EMORY Middle	ROW	Lost	4. DATE OF DEATH	Febru		Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARE	RIED 🗍	B. DATE OF BIRTH		9. AGE (In years		YEAR IF U	NDER 24 HRS.
Male	White	WIDOWI	ED DIVORC	ED	March 15,1		lest birthday) yrs.	Months E	Poys Ho	urs Min.
during most at work	ing life, even if refired)		kind of Business ator-Self		ol. Hagers				USA	HAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Jose	ph E. Ro	ve			Nann	ie Tr	oxell			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N		NFORMANT		Addr			~ .
Yes no or unknown)	MA4T	4	315-26-08	331	Mrs. Mary	Fox R	owe-433	Tato		Md.
	TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ne for (o), (b), and (c	).]			100	2-0-0-1-1	INTERVAL	L BETWEEN
44	B X DUE TO	11	1/4		- 1- 11	/	0 5		(	
Conditions, if or gave rise to in		Lef	whense	W (	acolo /V	scul	w Kra	en	3	ge
cause (o), stoting I		//							/	
lying couse lost.	) (c)	/								
ICATI					NOT RELATED TO THE TERM			EN IN PART	PE	AS AUTOPSY RFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in	Part I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	r 20d. II While of wor	NJURY OCCURRED  Not while  of work	20e. PL	ACE OF INJURY (Home, forn tory, street, office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the	at I attended the	deceas	ed fram.	1-	, 1957, ta	2-	24,1001	that I la	ist saw t	he deceased
alive on	7-5-6	_, 19	, and tha	t death	accurred at 1: 39	M, fram	the causes a			
1	500	×	(		1/		eet, city or tawn, s		9/	DATE SIGNED
ACTUAL SIGNATURE	MIN	M			M.O. Hegge	etin	- and		72	-5/3 A
PHYSICIAN'S NAME (Type)	8.9W.	en	th	<	Herry	Jan Jan	ans		2/2	150
22a. BURIAL, CREMATION	N, 226. DATE THEREO	F	AZC. NAME OF CEA	AETERY O	R CREMATORY	22d. LOCATI	ON (City, lown, o	r county)	/	Stote)
BUTIAL (Specify)	2-27-5	8	Rose H	lill	Centetery		erstown		, ,	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGISTR				
Andrew K.	Coffman	-Hag	gerstown,	Ma	ryland DATE D	2 8 '58	Poed	· Aniel	g	

CERTIFICATE OF DEATH

Maria (Sale

and Carles Marches Keeper

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MARKET AND THE

2524 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Washington Washington MARYLAND Maryland death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 Rural Hagerstown Rural Hagerstown Pin 4 vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Route YES NO I NAME OF First Middle 4. DATE Last Month Day Year DECEASED Anna Bertha Rowland February 58 (Type or print) DEATH 19 AGE (In years law hirthdoy) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months White Female WIDOWED T DIVORCED T yrs. papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Own Home Franklin County Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Haugh Mary Gerhart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Carl Schlotterbeck Hagerstown CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ቬ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate ë c **DUE TO** cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Mome, form, 20f. (City or town) (County) (Stote) use factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from, that I last saw the deceased and that death occurred at M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Washington Hag PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Beautiful View Middleburg 0 ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Minnich & Son Hagerstown Md. VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Wash.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Roberts

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

was

WAS AUTOPSY PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

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e. IS RESIDENCE

ON A FARM?

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BUREAU V. S.

FEB 21 1958



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		25	01 CERTIF	FICA	TE OF DEATH	4		Reg. Dist. N	025	JJ
1.	PLACE OF DEATH	Washington	MARYL		2. USUAL RESIDENCE (WE o. STATE Md.	here decease	d lived. If institution b. COUNTY	Washir		ion)
	b. CITY OR TOWN (IF RURAL ond give nec Hager		c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF of Hagers:		prote limits, write RU	IRAL and give r	earest town	)
	OR INSTITUTION	ursing Home	street oddress)		d. STREET ADDRESS Piper La	ane				FARM?
3.	NAME OF DECEASED (Type or print)	First Lula	Middle Lee		Shafer	4. DATE OF DEATH	Monti 2		20	Yeor 19 <b>58</b>
	female	white w	MARRIED NEVER MARRIED		date of Birth lug. 17, 188		last 69 yrs.	Months Day		Min.
	during most of working housew	ng life, even if retired)	home	NDUST	Wash. Co	. Md.		12. CITIZEN	S.A.	COUNTRY
13.	FATHER'S NAME Cha	rles Lee Smi	ith		14. MOTHER'S MAIDEN MOLLI	e Mong	gan			
15. (Ye		IN U. S. ARMED FORCES f yes, give wor or dates of service	16. SOCIAL SECURITY NO.		de Fleagle	Hag	gerstown,	_		
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  y, which  mediate  DUE TO	per line for (o). (b). and (c).] Hypertensive	e Ca	rdiovascul	ar D	isease.		TERVAL BENSET AND Year	DEATH
MEDICAL CERTIFICATION	PART II. OTH  200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING   201	IONS CONTRIBUTING TO DEA Generalized  b. DESCRIBE HOW INJURY OC	Art	eriosclero	sis.		EN IN PART 1(o	PERFO	AUTOPSY PRMED? NO.
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 White Not while of work of twork of two of									
	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	R.A.Bell	19,58, ond that		occurred of 9:15	Address (s	28, 1958  In the causes of treet, city or town, so tomac S  Marylan	nd on the o	lote stote	ed obove
	o Burial, CREMATION REMOVAL (Specify) Burial	3-3-58	22c. NAME OF CEME Rose H			На	TION (City, town, or agerstown,	, Md.	(Stot	e)
	FUNERAL DIRECTOR'S		stown. Md.		24a. REC'	D BY REGIS	0 /	TRAR'S SIGNAT	URE	

TO FUNER VS A15 (4) 15M 9/55

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20 !	CERTIFICA	ATE OF DEATI	Н	Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W			e before admissioned erick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits	write RURAL and g	ive nearest town)	
Hagerstown	3 weeks	Middleto	wn		10 X 2	
d. NAME OF HOSPITAL (If not in hospitol, give street Washington Co. Hospit		d. STREET ADDRESS W. Main	St.		IS RESIDE     ON A FA     YES	ARM?
3. NAME OF First DECEASED (Type or print) Paul	Middle E. Sha	lost ank	4. DATE OF DEATH	Month 2	Day Yes 21 19	58
5. SEX   6. COLOR OR RACE   7. MARI   White   WIDOW		8. DATE OF BIRTH 3/26/1912	9. AGE (I last bit	In years IF UNDER Months  The years IF UNDER	Days Hours	24 HRS Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1aborer	ce cream pla	2.0		12. CITI	U.S.	OUNT
Martin L. Shank		14. MOTHER'S MAIDEN I				
(Yes, no. or unknown)   (If yes, give war or dates of service)	social security NO. 17. 1 13-03-014511	nformant s. Catherin	e Shank,	Address Middlet	own, Md	
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), ond (c).}				ONSET AND DE	EATH
	condary to lymeralized abdo			h	l½ yea	rs
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  20b. DES  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER. NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AU PERFORM YES 1	MED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item	1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p. m. 19	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(C	ounty)	(State
21. I certify that I attended the decease alive on 2-21-58 19  ACTUAL SIGNATURE Physics ACTUAL SIGNATURE	ed from 2-258 , and that death				e date stated	
PHYSICIAN'S NAME (Type) Dr. John H.	Kehne	131_W	est Washing	ton Stree	t, Hag.,	Md
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City		(State)	
burial   2/23/1958	Lutheran C		Middlet			
23. FUNERAL DIRECTOR'S SIGNATURE  Gladhill Co. Middle	ADDRESS	24a. REC'	D BY REGISTRAR 24	b. REGISTRAR'S SIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, and 2 should be filed with may be retained by the hospital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 share. be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 page 3 shaw, be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. PARTIAND STATE DEPARTMENT OF HEALTH BALTIMORE, 19
CERTIFICATE OF DEATH

	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T					
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		Daniel Design				
	A STATE OF STATE	TO THE WORLD BE SHOWN				
Allers A		ne i thurst				
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LEB 22 1958		Del Jacob V. Haller, and A. Lander.				

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may be reford by the haspital or attending physician.	TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in funeral dire	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed	
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par	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(M	25.3 CERTIFICATE OF DEATH  Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Washington  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d. STATE Maryland b. COUNTY Washington
81	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Lagerstown  c. LENGTH OF STAY IN 16  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Hagerstown
	d. STREET ADDRESS  or INSTITUTION  Washington County Hospital  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM2 YES \( \sum No \( \sum \)  14 Berner Ave.
	3. NAME OF DECEASED (Type or print) HYMOND EDWARD SHARON 4. DATE Month Day Year OF DEATH February 2, 1958
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors let under 24 Hrs.   14 Under 1 YEAR   15 UNDER 24 Hrs.   15 UNDER 24 Hrs.   15 UNDER 24 Hrs.   16 UNDER 24 Hrs.   17 UNDER 24 Hrs.   18 UNDER 24 Hrs
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country). Va. during most of working life, even if retired)  Fireman - Hagerstown Rubber Co. Magnola-Morgan 60.  USA
1	Joseph W. Sharon Florence Hare
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address    (19 ve., give wor or date of service)   214-09-7655 Mrs. Etta G. Sharon-14 Berner Av.
	18. CAUSE OF DEATH [Enter only one cause per time (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH
	Conditions, if ony, which) (b) Central article Selections 10 yrs
	gove rise to immediate cause (a), stating the under- lying cause lost.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or tawn) (County) (State) PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from
	ACTUAL SIGNATURE SIGNATURE M.D. ADDRESS (Street, city flown, state) ADATE, SIGNE SIGNATURE M.D. DATE, SIGNE
1	PHYSICIAN'S FH. Beachty.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or county) (Stote)  ROSE Hill Cemetery Hagerstown, Maryland
13123	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Andrew K. Coffman-Hagerstown, Maryland  DATE  ADDRESS  240. REC'D BY REGISTRAS 24K REGISTRAS'S SIGNATURE DATE  ADDRESS

BUREAU K. S.

FEB 7 1958

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VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2526

**CERTIFICATE OF DEATH** 

	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Weverton  45 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Weverton
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Residence	d. STREET ADDRESS Route 340  e. IS RESIDENCE ON A FARM? YES NO.
	SPICKLER 4. DATE Month Doy Year 1958
Male White WIDOWED DIVORCED A	B. DATE OF BIRTH  9. AGE (In yeors of the local point of the local poi
	STRY 11. BIRTHPLACE (Stole or foreign country)  Ppt. Cearfoss, Md.  12. CITIZEN OF WHAT COUNTR  USA
Franklin P. Spickler	14. MOTHER'S MAIDEN NAME Catherine Myers
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN NO. 18. NO	NFORMANT Mrs. Ruth G. SpickTer F.D. # 1. Knoxville. Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the under-lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IS	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	YES NO NO NO NO
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 11/22- alive on 2/1. 1952, and that death  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. B. Carpenter, MB	occurred at 6:00 AM, from the causes and on the date stated above ADDRESS (Street city or town, state)  Lovettsville. Va. 2/18/58
20. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OR BURIAL (Specify) 2/19/58 Broadfording	CREMATORY 22d. LOCATION (City. town, or county) (State)
3. FUNERAL DIRECTOR'S SIGNATURE Harpers Ferry	240 PEC'D BY PEGISTRAR 246 REGISTRAR'S SIGNATURE

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DECEIVE				
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MARYUAND STATE

HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the experience, withing the word "pending" in pendi in them. 18. Give Poges 1, 2, and 3 to the fund director. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL SIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2504

02597 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington									
b	city or town (if and oily neorest town Hager:	outside corporate limits, w	rife RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY	-	f oulside corp	porate limits, write	RURAL on	d give n	egrest for	wn)
d		at or institution ast Ave	(If not in hos	pitol, give street odd	ress)	d. STREE	20 E	ast A	ve				A FARMS
1	NAME OF DECEASED Type or print)	Arthur	irst	Carrol]	l s	tauff	er er	4. DATE OF DEATH	Febru		Day 20		958
5. S	<sup>EX</sup>	6. COLOR OR RACE	7. MARRIE	D DIVORCE	_	Peb.	24.	1897	9. AGE (In years lest birthday) 60 yrs.	IF UNDER	Days	IF UND Hours	ER 24 HRS. Min.
N	uring most of workin	ON (Give kind of wor og life, even if refired ICE WORK	)	CIND OF BUSINESS O	PR INDUSTR	H	APLACE (State	town	Md •	12. CIT		S.	COUNTRY
	Wil	lliam H.	Stauf	fer				ha Du	ncan				
	WAS DECEASED EV	ER IN U. S. ARMED F (If yes, give war or dates W. W.	of service)	SOCIAL SECURITY NO L4-09-567			Monni	nger	Sr. Hag		own	М	1.
TION	Conditions, if a gave rise to immed (a), stating the cause last.	diale couse DUE TO	o) b) c)	Acute Co					e condition giv	/EN IN PAR		P. WAS /	
CERTIFICATION	20g. EXTERNAL CAU PRIMARY   gr CON CAUSE OF DEATH.	USE WAS NTRIBUTING [	20b. DESCRIBE	none	URRED. (Er	nter noture of	Finjury in Par	rt I or Part II	of item 18.)			res []	NO [28]
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Menth, Doy, Y	While	Nat while_	20e. PLAC facto	E OF INJURY iry, street, aff	Y (Home, form lice bldg., etc	n, 20f. (City	or fown)	(Co	unty)		(State)
	opinion death		Notural of			_M.D. CHIEF	ide [], F MEDICAL EX	Homicide	× •	Inquirmined	, []	DATE S	d in my
220		N. 226. DATE THERE	OF	22c. NAME OF CEM				22d. LOCAT	CION (City, town, or agersto)	ar county)	Md.	(State	1)
-	FUNERAL DIRECTOR	s signature Minnich	& Son	ADDRESS Hagers	town	Md.	-	D BY REGIST			GNATUR	E	

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	ning transport	01.14	n-ofered all
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	eb. 21, 1897 60	E Darabet Ester	
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	Circina Duncen	to Ting	78 Newstain -
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BUREAU V. S.			

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VS A15 (4) 15M 9/5S M

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MARYLAND STA	ATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
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CERTIFICATE OF DEATH

	252	2.7	CERTIF	CAI	OF DEA			Reg. Dist. No	o.
	Washingtor		MARYLA	ND		yland	b. COUNTY	Washi	ngton
RURAL ond give			LENGTH OF STAY IN		c. CITY OR TOWN			URAL and give no	earest town)
d. NAME OF HOSE OR INSTITUTION	port Md RI				d. STREET ADDRES	sport	Md. RFD	#2	e. IS RESIDENCE ON A FARM?
Kemps	Mill				Kemps				YES NO
3. NAME OF DECEASED (Type or print)	Fir Minr		Middle Pearl		Taylor	4. DATE OF DEATH	Mar Fe		Year 19 58
s. sex Female	6. COLOR OR RACE White		NEVER MARRIED		ATE OF BIRTH	1000	9, AGE (In years loss birthday)		R IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	dane 10b. KINI	O OF BUSINESS OR		11. BIRTHPLACE (S		country)	12. CITIZEN	OF WHAT COUNTR
Housev	vire	H	ome	11	MOTHER'S MAID		TCL •	Uer	) • M
Elias Smith					Laura Potterfield				
	FR IN U. S. ARMED FOR	ecvical .	IAL SECURITY NO.	17. INFO	MANT		Add		
No	No	No	ne	Mrs	. Gustar	rus Car	olett Do	wnsyil	le Md.
200. ACCIDENT V	g the under-	) ) IDITIONS <u>CON</u> I	TRIBUTING TO DEAT					/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU Haur a. m p. m	JRY Manth, Day, Yee	While at wark	Not while at work	De PLACE factory	OF INJURY (Hame, street, office bldg.	farm, 20f. (Cit	100	(Caunty	(State
alive an	age 7	, 19 Gg		eath oc	/ /	Agoress (	7	and an/the de	DATE SIGN
PHYSICIAN'S NAME (Type)	//	/	1				//		

V UABRUA ECENAS

2505 CERTIFICATE OF DEATH

Reg. Dist. No. (12509)

		Fa :	0.0		CERIII	ric,	AIE C	יר טבו	-111				Reg. D	ist. No	126	7.7.47
1.		HINGTON			MARY		a. ST	A IVI	RYI	AND	b. CO	UNTY	ASH:	INGT	CON	
	B. CITY OR TOWN (I	f outside corporate limit	s, write	c. LENG	LIFE	IN 16	c. CI	HAGE			rate limits, v	write RU	JRAL and	give nec	arest law	rn)
	d. NAME OF HOSPIT WASHINGT	ON COUNTY		oddress) PITA	\L		1	REET ADDRE		CUST	ST.					SIDENCE A FARM? NO [X]
3.	NAME OF DECEASED (Type or print)	CORA		М.	Middle	UNC	ER	lost		4. DATE OF DEATH	FEI	Mont		Do	y Q	Year 19 50
	FEMALE	1	WIDOWE	D 🗆	DIVORCED		B. DATE C	/1/1	878				Months Months	Days	Hours	Min.
100	HOUSEWIE	ON (Give kind of work dign life, even if retired)	one 10b.		BUSINESS O	R INDU	STRY   11. E	MARY			ountry)		12. CI		S. A	TCOUNTRY
13.	MARTIN I	. UNGER					14 MO	NANC		ME NTLE:	R FOU	JKE			16.31	
15. (Ye		R IN U. S. ARMED FORC (If yes, give wor or dates of ser	vice)	SOCIAL SI	ECURITY NO.		IR. F	ALPH	Н	IGGS	HAC	M	BTOW	N		
CERTIFICATION	Conditions, if a gave rise to it cause (a), stating lying cause last.  PART II. OTH	the <u>under-</u> DUE TO  (c).  TER SIGNIFICANT COND			LAZ				TERMIN TERMIN	AL DISEASE	T d		EN IN PA	RT 1(o) 1		AUTOPSY DRMED? NO 23
MEDICAL CERT	FOR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20d. IN	JURY OC	CURRED while	20e. PL/	ACE OF IN	JURY (Home , office bldg	, form,			<b>5.</b> ,		(County)		(Stote)
	21. I certify the olive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	at 1 ottended the L. L. F.	deceose , 19 J		mard and that		/ 1/	53, to d at 3 /		M, from	9 19 19 or the cau	ses or	nd on i	lost so	te stot	decease ed obov ATE SIGNE
	BURIAL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR		58	R	ME OF CEME ROSE F		CEN	240.		HAG BY REGIST	10N (City, 1) FRST( RAR   24b.	NWC		GNATUI	(Sta	te)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 show be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fried with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 15M 9/SS

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EUS CERTIFICATE OF DEATH

8561 VG 833

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2

CEKHILICATE OF DEA	528	CERTIFICATE	OF D	EA	T
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32510 Reg. Dist. No.

1. PLACE a. COL	OF DEATH				ABVI AND	2. L	ISUAL RESIDENCE (Who STATE	are deceased	l lived. If institut  b. COUNTY		before or	dmission)
<b>—</b>		ashington			ARYLAND		Maryla			Wash	ingto	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural Hagerstown  3 years							. CITY OR TOWN (If or	-27	rate limits, write	RURAL and giv	e nearest	fown)
				3 year	35	0	Hagers	stown				
OR	INSTITUTION	AL (If not in hospital,				A 13	d. street Address 54 W. Frank	alin S	troot		0	RESIDENCE
		onvalescent	Hon	ie			)4 W. I I alli		oreer		YE	S NO KA
3. NAME DECEA	SED	Fi	rst		ddle		Last	4. DATE OF	Мо	nth	Day	Year
	or print)	CLARINE	,	V.	,		ARNER	DEATH	Februar		7	19 58
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MA	RRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	Months D		UNDER 24 HRS.
Fem		White	WIDOW	- 10	RCED 🗌		y 6, 1860		97 yrs	9	I	
10o. USU/ durin	AL OCCUPATION MOST OF WORK	ON (Give kind of wark ling life, even if retired	done 10b	. KIND OF BUSINES	S OR INDU	STRY	11. BIRTHPLACE (State of	or foreign co	ountry)	12. CITIZ	EN OF W	HAT COUNTRY?
Но	usewife						Hagerstown	n, Mar	yland		U.S	.A.
13. FATHE	R'S NAME					14.	MOTHER'S MAIDEN N	AME	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	G€	eorge Bloom	1				Car	coline	Shoop			
15. WAS E		R IN U. S. ARMED FOI		SOCIAL SECURITY	NO. 17. 1	NFOR	MANT			dress		
	no			none		Mrs	• Clarine C	larmon	g Hage	erstown	, Mar	ryland
1B. C	AUSE OF DEA	TH [Enter only one co	zuse per	line for (a) (b), and	(c).]	V	A B	11	10	- 1		L BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	1 /	erter	m 4	10	Vinotic'	Nea	N A	22	S	AND DEATH
14	20.0	DUE TO	-					7.1				0
	ditions, if a	ny, which ) (										
	e rise to in	mmediate (										
	e (a), stating a couse lost.		:)									
8	PART II. OTH			CONTRIBUTING TO	DEATH BUT	NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART I	(o) 19. V	VAS AUTOPSY
¥ 4	91x	(19/10)	no	hor A	2me	11	100 150	201	mo a	(CA)		ERFORMED?
CERTIFICATION CERTIFICATION	ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJUR	Y OCCURRE	D. (En	ter nature of injury in P	art I or Part	II of item 18.)	1		
U (IF EI	THER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
₹ 20c. T	IME OF INJUR	Y Month, Day, Ye	or 20d.	INJURY OCCURRED			F INJURY (Home, form,		ar town)	(Co	unty)	(State)
20c. T	Hour a.m. p. m.	19	While	Not while		clory,	street, office bldg., etc.	)				
		-1 -1 -1 -1 -1 -1		1	1 - 0 0	1.	5,057. 7	- 20:-	19 1016	-01		
	- 2	at lightended the	deced	1-11	arro	4-1	1950 /, to 1	7-2-3-1-				the deceased
alive	an	10 - J	318	Jana I	har death	acc			the causes reet, gity or town		date s	stated abave.
ACTU	AL	mind x	Pot	7 MILLE	1		(0)	70 A	Monda	M	11	2/3/2
SIGN	ATURE	1000		- Comment		M.D.	<u> </u>		Affective	9114	4-!	-V-7-1/10.
PHYS	CIAN'S E (Type)	David	N.	1350	W.C.	>-			/	/		//
	AL, CREMATIO	N 22b. DATE THERE	76	22c. NAME OF	TALETERY	0.605	ALATORY	221 1051	TONI (Cit. )			
REMO	OVAL (Specify)	- 1 1							ION (City, town,			(State)
22 FIINES	rial		258	Rose	HIII (	em	etery	BY REGIST	rstown,	ISTRAR'S SIGN		
Sure	r-Houze	r Funeral	Home	Hagersto	wn. M	arv	bref	DI REGISTI	RAR 24D. REG	/ C	/	
	Manh	in rayer			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DATE FEB	1 0 '58	Pes.	- Alue		

LEER IO 1328

BUREAU V. S.

CERTIFICATE OF DEATH

				CERTIFIC	AIE	OF DEATI			Reg. D	ist. No		
1. PLACI		INGTON		MARYLAND		SUAL RESIDENCE (W. STATE MARYI		d lived. If instituti b. COUNT				ion)
b. CIT RUI	Y OR TOWN (IF	outside corporate lim	its, write	5 YRS.	0	CITY OR TOWN (IF			URAL and	give ne	arest town	1)
d. NA W.A.	ME OF HOSPITA	N COUNTS			11/-	os ROESS	NER	AVE.				IDENCE FARM?
3. NAMI DECE (Type	E OF ASED or print)	NILE	rst	Middle WEF	BB	SR.	4. DATE OF DEATH	FEBRU.		Do		Yeor 1958
5. SEX	ALE	6. COLOR OR RACE WHITE	7. MARR	HED NEVER MARRIED	B. DA	TE OF BIRTH 6/30/189	2	9. AGE (In years last birthday) 65 yrs.	Months Months	Days	Hours	Min.
duri	ng most of worki	N (Give kind of working life, even if retired MINISTER	1)	CHURCH	USTRY	11. BIRTHPLACE (STORE) PENNS			12. C		S.A	
	CHARI					LENORA	DECK					
15. WAS (Yes, no. 9		IN U. S. ARMED FOR Fyes, give wor or dates of	ervice)	SOCIAL SECURITY NO. 17.	INFOR	IRS. ANNA	B. V	VEBB Adj	PAGE!	RSTC MI		
18.	PART I. DEAT	H [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (g), (b), and (c).]	4	Emboliga	'n		,	ON	ERVAL BE	DEATH
	465×			Phelother	ing	osis	thene	no veint		9	leur	7.
cou	ve rise to im use (a), stating th ng cause last.			Promili	tis	Quistre	hot				?	
CERTIFICATION (IE E	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEATH BL	TON T	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(o)	PERFO	RMED?
	ACCIDENT WAS CONTRIBUTING   ITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (En	ter nature of injury in	Port 1 or Por	t II of item 18.)				
WEDICAL 20c,	TIME OF INJURY Hour o.m. p. m.	Manth, Day, Ye	While of wor	Nat while f		F INJURY (Hame, farr street, affice bldg., etc		y or town)		(County)		(State
aliv ACT SIGN	NATURE /	at attended the	Ayes Orge	Luan deat	_ M.D. 4	, 1957, to 3 urred at 630 159WVd	ADDRESS (S	the causes of	and an More		aw the	
NAM	SICIAN'S P			man, M.D. 159							land.	<u> </u>
220. BUR	CREMATION (Specify)	2/4/1	58	HILLCRES	-	MATORY CEM.		TION (City, town, MBERLAN		MI	(State	e)
23. FUNE	RAL DIRECTOR'S	1_	ile	ADDRESS	7,,	240. REC	D BY REGIS	TRAR 24b. REGI	- 1	IGNATU	R	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ined by the haspital ar attending physician.

\*\*RECTOR: After this certificate has been signed by the attending physician and campletely filled be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERA page 3 sho

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VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2529 CERTIFICATE OF DEATH

NORE, 18 (12512

		CEKTIFI	CATE OF	DEATH			Reg. Dist	. No.	
1. PLACE OF DEATH 0. COUNTY WASHING	GTON	MARYLAN	II a CTATE	IDENCE (WHO		ived. If institut b. COUNTY	ian: Residence	before odm	nission)
b. CITY OR TOWN (If outsic RURAL and give nearest t FUNKSTOWN	de carporate limits, write own)	c. LENGTH OF STAY IN T		TOWN (IF O		te limits, write l	RURAL and gi	ve nearest to	own)
d. NAME OF HOSPITAL (IF OF INSTITUTION 29 CEMET)		address)	d. STREET		ERY ST.			ON	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	LOUIS	MARTIN WI	EILBACHER	st	4. DATE OF DEATH	Ma 2	nth	Day 13	Year 19 58
	HITE WIDOW	RIED NEVER MARRIED [ ED X DIVORCED	AIIC T		9	AGE (In years last birthday) yrs.		YEAR IF UN Days Hou	DER 24 HRS.
10a. USUAL OCCUPATION (Giduring Info CARPENTER	ve kind of work done 10b. e, even if retired)	KIND OF BUSINESS OR IN		JERSI		ntry)		S.A.	AT COUNTRY?
13. FATHER'S NAME UNKNOWN			14. MOTHER UNKN		AME				
15. WAS DECEASED EVER IN U	ive was as dates of serviced	SOCIAL SECURITY NO. 1 52-07-7477	7. INFORMANT CATHRYN C	REENE	1415	OAK T	EE ROA	D	
18. CAUSE OF DEATH [E		ne for (a), (b), and (c).]	rue c	Thro	role	rain.		INTERVAL ONSET AN	BETWEEN ND DEATH
Canditians, if any, wi gave rise to immed cause (a), stating the un lying cause tast.	hich (b)	crterio-	aure	rice color	Leon	rela	ine		
_		CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WA PER YES	S AUTOPSY FORMED?
	USE OF DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in P	art I ar Part I	l of item 18.)			
20c. TIME OF INJURY Mo Hour a. m. p. m.	nth, Day, Year 20d. I While 19 at wor	Nat while	PLACE OF INJURY factory, street, office	(Home, farm, te bldg., etc.	20f. (City o	r tawn)	(Co	ounty)	(State)
21. I certify that I calive an	ettended the decease 13, 19		3 , 1955 ath accurred at		M, fram	the causes of city or town,	and an the	e date sta	ne deceased ated above. DATE SIGNED
PHYSICIAN'S NAME (Type)	IN SINE	1 MOVE	NS/8	11			77-70		7 0
220. BURIAL, CREMATION, 22	b. DATE THEREOF ( 2/17/58	NEW YORK B.		RY		ON (City, town,	or county) HUDSON		tate)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS CRSTOWN MD			BY REGISTRA		ISTRAR'S SIGN	NATURE	

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

25 17 CERTIFICATE OF DEATH

(12513 Reg. Dist. No.

1	o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When a. STATE	e deceased lived. If institution b. COUNTY		
3	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporate fimits, write RL	JRAL ond give r	
	Hagerstown	4 Weeks	03 Hagerst	own		
,	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Wash. county Hospita	al	24 Harma:	ns Ave		YES NO TE
	3. NAME OF First	Middle		4. DATE Mont	h	Day Yeor
	DECEASED (Type or print) SAMUEL I	KIMMEL 1	WEL CH	DEATH Feby	5 1958	
	5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		AR IF UNDER 24 HRS.
	Male White WIDOWE	70-42	June 18 1886	6 71 yrs.	Months Doys	s Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (State or	foreign country) Md.	12. CITIZEN	OF WHAT COUNTRY?
)	Cement Puller Re-	tired	Jennings (	Garrett Co	U	SA
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Kemp Welch		Rebecca	Glotfelty		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess	
		-10-6887 lrs	Bertha Cla	rk Smithsbu	ro / M	d B # 2
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	te for (o), (b), and (c).]	ma. 5.00	201	IN	NTERVAL BETWEEN NSET AND DEATH
	153.3 IMMEDIATE CAUSE (6)	wreve cor	na sy	mora		241
	Conditions if any which					
	gove rise to immediate DUE TO					
	lying cours lost					
	(c)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	EN IN PART I(a)	19. WAS AUTOPSY
0						PERFORMED?
		CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Po	rt I or Port II of item 18.)		153   NO
	OR CONTRIBUTING CAUSE OF DEATH					
	20c. TIME OF INJURY Month, Doy, Year 20d. IN While p. m. 19 of work	Nat while fo	ACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(Count	(Slote)
	21. I certify that I attended the decease	ed from & am 3	6 , 19 , to	Feb-5, 1958	that I last	saw the deceased
	alive on Feb 5, 19 5	8 and that death	accurred at 730P	M. fram the causes as	nd on the d	ate stated above
	DO NULA	100		ODRESS (Street, city or town, s		DATE SIGNED
	SIGNATURE / Jobert // LI	amphole	M.D. 145W Wa	shingTon	51	2/6/38
1	01511	1 /	/	7	. /	
8	PHYSICIAN'S NAME (Typo) 110 Dey / V. h.	amphel/	Hager.	5/0wn 11	d	
	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 2	2d. LOCATION (City, town, or	r county)	(Stote)
	Burial 2/8/58	Rose Hill	Cemeterv	Hagerstown	Wash.	do ad
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNAT	TURE
į,	Andrew K. Coffman He	agerstown Mo	DATEFFR	10'58 Rock		

BUREAU V. S.

8361 61 831

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 1SM 9/5S

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2598 CERTIFICATE OF DEATH

02514

				nag. Dist. 140.
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)	c. LENGTH OF STAY IN 16	10	outside corporote limits, write RU	
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION 217 James		d. STREET ADDRESS	7 James St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Wilbur	Wilson Wel	le <b>r</b>	4. DATE Month OF DEATH Februar	/
M9 A White	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 2,		Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	Hagers	stown d.	12. CITIZEN OF WHAT COUNTRY  U. S. A.
William Well	AT	14. MOTHER'S MAIDEN I		
15. WAS DECEASED EVER IN U. S. ARMED FORCES		Fan:	ie Stem	155
(Yes, no, or unknown) (If yes, give war or dates of service	214-09-9225 M	rs. Kittie		agerstown Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  DUE TO	per line for (o), (b), and (c).]	1 hemo	rrhogs	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate code (o), stating the under-	Hypert	en slin		42625
Iying couse last.   (c)   PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1 / + 2 / 4216	Sc/azitic	heort d	110011	YES NO NO
OR CONTRIBUTING LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour a.m.	20d. INJURY OCCURRED White Not white for ot work   20e. Pt.	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attended the de alive an 25 - 4	1955, and that death			
PHYSICIAN'S NAME (Type) Eldon G. Ho				~~~~
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3-1-58	Rose Hill	R CREMATORY  Cemetery	22d. LOCATION (City, town, or Hagerstown	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
Scott F. Minnich &	Son Hagerstow	n Md. DATERNA	D3 '58 ( 000 (	/

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	not per let	Brewen Bloom C. 1863
NIVER	MINOR.	3-1-5 3-1-78
. D. 1	it Comments	cott F. Winnion x Bor

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death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#### CERTIFICATE OF DEATH

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